Registration For Access to GP Online Services

For children aged 13 - 16

Patient/child details:

First Name:

Surname:

Date of birth: Age:

Address:

Postcode:

Telephone number:

1. Children aged 13 – 16 can:

1. Access their own GP services online
2. Allow a parent/carer/guardian access to some or all services (proxy access)
3. Allow a combination of 1 and 2

The child’s GP may need to discuss online access with him/her and/or any proxt apllying for access on the child’s behalf

2. Accessing your own online services:

I would like access to the following services:

*(leaving all unticked and do not sign, if you do not want your own access but just allow proxy access)*

* Booking my appointments [ ]
* Requesting my repeat prescription [ ]
* Updating my contact details (demographics) [ ]
* Secure online access to my full electronic GP record [ ]
* I will be responislbe for the security of the information that I see or download
* If I choose to share information with anyone else, this is at my own risk.
* I will contact the Practice as soon as possible if I suspect that this account has been accessed by someone without my agreement.
* If I see information in the record that is not about me, or inaccurate, I will contact the Practice as soon as possible

Signature (of child) : Date:

3. Proxy Access:

You can choose which services to allow your parent/carer/guarding to be able to access online

I hereby give permission to my GP Practice to give the person(s) listed below proxy access to the following services on my behalf (please tick)

* Booking my appointments [ ]
* Requesting my repeat prescription [ ]
* Updating my contact details (demographics) [ ]
* Secure online access to my full electronic GP record [ ]
* Are you absolutely sure you wish to enable this? [ ]

* I reserve the right to reverse any decision I make in granting proxy access at any time
* I understand the risks of allowing someones else to have proxy access to my health records, should I have authorised this.

The clinical system automatically deactivates proxy access when the child reaches 16 years.

Signture (of child): Date:

If the child is unable to provide informed consent to proxy access, please indicate why:

Proxy User:

* I will be responsible for the security of the information that I see or download
* If I choose to share information with anyone else, this is at my own risk
* I will contact the Practice as soon as possible if I suspect that this account has been accessed bu someone without my agreement.
* If I see information in the reocrrd that is not about the child, or inaccurate, I will contact the Practice as soon as possible.

1st Proxy User details:

Full Name:

Date of birth:

Address:

Telephone Number:

Email address:

Are you already registered at Latham House for GP online services? Yes [ ]

 No [ ]

Relationship to child:

Signature: Date:

2nd Proxy User details:

Full Name:

Date of birth:

Address:

Telephone Number:

Email address:

Are you already registered at Latham House for GP online services? Yes [ ]

 No [ ]

Relationship to child:

Signature: Date:

**For Reception use: ID FOR ALL PARTIES REQUIRED**

Patient:

NHS number: GP:

Tick all that apply:

* Personal vouching [ ]
* Vouching with information in record [ ]
* Birth certificate/ Passport/ Photo Driving Licence [ ]
* Proof of residence [ ]

Identiful Verified by (full name):

Sign: Date:

Proxy 1:

Tick all that apply:

* Personal vouching [ ]
* Vouching with information in record [ ]
* Birth certificate/ Passport/ Photo Driving Licence [ ]
* Proof of residence [ ]
* Does this proxy have PARENTAL RESPONSIBILTY? [ ]

Identiful Verified by (full name):

Sign: Date:

Proxy 2:

Tick all that apply:

* Personal vouching [ ]
* Vouching with information in record [ ]
* Birth certificate/ Passport/ Photo Driving Licence [ ]
* Proof of residence [ ]
* Does this proxy have PARENTAL RESPONSIBILTY? [ ]

Identiful Verified by (full name):

Sign: Date:

Parental responibilty:

* If the birth mother
* If the birth father and married to the mother at the time of child’s birth or subsequently
* If the birth father and not married to the mother, but the child was born after 01/12/2003 and father’s name is on the birth certificate
* If an adoptive parent
* If the child’s legal guardian
* If has court-appointed parental responsibility

**PLEASE RETURN FORM TO PATIENT SERVICES REGISTRATION PROCESSING**