Churchdown Surgery

Section 5 - To be completed by the person you are granting proxy user status to

Proxy user must be an online services account user

I/we_____(names of proxy/ies) wish to

have online access to the services ticked in **section 3** for_____(patients name)

I/we understand my/our responsibility for safeguarding sensitive medical information and I/we confirm I/we have read, understand and agree with each of the following statements:

1. I/we have read and understood the information leaflet provided by the practice and agree that I will treat the patient information as confidential	
2. I/we will be responsible for the security of the information that I/we see, print or download	
3. I/we will contact the practice as soon as possible if I/we suspect that the account has been accessed by someone without my/our agreement	
4. If I/we see information in the record that is not about the patient, or is inaccurate, I/we will contact the practice as soon as possible. I will treat any information which is not about the patient as being strictly confidential	

Signature/s of proxy user/s	Date/s

Section 5.1 - To be completed by the person becoming a proxy user

Patient details	Please complete in BLOCK CAPITALS (This is the person you are being a proxy for)															
Patient forename																
Patient surname																
Date of birth			/		/											
Proxy representative details (this allows us to link the correct online user account for proxy access)																
Print forename																
Print Surname																
Date of Birth																
Email address **This email address will be used by your practice to send you notifications and reminders.**																
Mobile number																
Signature																
Date			/		/											

I agree to bring in ID for myself to the surgery within 21 days to complete this proxy request. ☐
Under 16's - If there is no ID available a parent/carer can bring their ID in to vouch on your behalf.