

Binfield Surgery

Online Access for Proxy

Information Leaflet and Application Form

Message to Patient: Please retain pages 1 & 2 for future reference. If you wish to have online access to your medical record, please complete the form on pages 3 & 4 and return to Reception.

Proxy Access:

This is where someone is given access to another person's medical record. For example:

- A parent or guardian who has legal responsibility for a patient under 11
- A parent or guardian where a patient aged 11 or over has given permission
- A parent or guardian who has legal responsibility for a patient between 11 and 16 where a GP has assessed that the patient is not capable of making their own decisions regarding health
- A carer for a patient over the age of 16 – We would need a letter from the patient giving permission

The proxy does not have to be a registered patient at the practice but must be registered for online services on the GP system and always use their own log in credentials.

To be given proxy access, a patient's representative must have the informed consent or, in cases where the patient does not have the capacity to consent, the GP has decided that it is in the best interests of the patient for them to have patient access.

Patients aged 16 or above are assumed to have capacity to consent unless there is an indication that they have not.

Young patients between the ages of 11 and 16 who are judged as having capacity to consent by their GP may also consent to give proxy access to someone else.

Legitimate reasons for the practice to authorise proxy access without the patient's consent include:

- The patient has been assessed as lacking capacity to make a decision on granting proxy access and
 - The applicant has lasting power of attorney for health and welfare registered with the Office of the Public Guardian
 - The applicant is acting as a Court Appointed Deputy on behalf of the patient, or
 - The GP considered it to be in the patient's best interest in accordance with the Mental Capacity Act 2005 code of practice
- The patient is a child who has been assessed as not competent to make a decision on granting proxy access

The practice may refuse or withdraw proxy access if they judge that it is in the patient's best interest to do so.

On the child's 11th Birthday, the scope of the current proxy access will be restricted (unless the GP has already assessed the child as able to make the informed decision and the child has given explicit consent for their records to be shared). This is a national standard imposed by NHS England to protect the confidentiality rights of young people.

From 11 – 16, a parent with proxy access will be able to manage certain elements of the young person's record, such as demographic data, book appointments and order repeat prescriptions.

They will not be able to see the young person's past appointments or clinical record, although they would still be able to see the current repeat prescription record.

At the child's 16th birthday the remaining proxy access will be switched off, except where the young person is competent and has given explicit consent to access. If a child wants proxy access reinstated, they will need to come to the surgery in person with photographic proof of ID to request it.

Parents may continue to be allowed proxy access to their child's online services after careful discussion with a GP if it is felt to be in the child's best interests.

Background Information

In UK Law, a person's 18th birthday draws the line between childhood and adulthood (Children's Act 1989 s105) – so in health care matters, an 18 year old enjoys as much autonomy as any other adult.

To a more limited extent, 16 and 17 year olds can also take medical decisions independently of their parents. The right of younger to provide independent consent is proportionate to their competence – a child's age alone is clearly an unreliable predictor of his or her competence to make decisions.

Gillick Competence

The 'Gillick Test' helps clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment. They must be able to demonstrate sufficient maturity and intelligence to understand the nature and implications of the proposed treatment, including risks and alternative courses of action.

In 1983, a judge in the High Court laid down criteria for establishing whether a child had capacity to provide valid consent to treatment in specified circumstances, irrespective of their age. Two years later, these criteria were approved in The House of Lords and became widely known as the Gillick Test. The Gillick Test was named after a mother who had challenged health service guidance that would have allowed her daughters aged under 16 to receive confidential contraceptive advice without her knowledge.

Consent to proxy access to GP online services

Notes: If the patient does not have capacity to consent to grant proxy access and proxy access is considered by the practice to be in the patient's best interest section 1 of this form may be omitted.

If, as a parent, you are applying for access to your child's records, we will need you to confirm your parental rights. If your child is competent and able to understand the implications of your access, then we will need to get their consent first even if they are under 16 years of age.

Section 1

I,..... (name of patient), give permission to my GP practice to give the following people proxy access to the online services as indicated below in section 2.

I reserve the right to reverse any decision I make in granting proxy access at any time.

I understand the risks of allowing someone else to have access to my health records.

Signature of patient	Date
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Section 2

1. Online appointments booking	<input type="checkbox"/>
2. Online prescription management	<input type="checkbox"/>
3. Accessing the medical record for (name of patient)	<input type="checkbox"/>

Section 3

I/we..... (names of representatives) wish to have online access to the services ticked in the box above in section 2 for (name of patient).

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

1. I/we have read and understood the information leaflet provided by the practice	<input type="checkbox"/>
2. I/we will be responsible for the security of the information that I/we see or download	<input type="checkbox"/>
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	<input type="checkbox"/>
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	<input type="checkbox"/>

Signature of representative	Date
Signature of representative	Date

If as a parent you are applying for access to your child's records, please confirm your parental responsibility. At least one of the following must apply and your parental rights must not have been removed by the courts. Please tick to indicate which apply.

EITHER

- your name is on the birth certificate OR
 - if you are the father, you were married to the mother at the time of birth OR
 - you have been granted parental rights by the courts OR
 - if you are the father, you have the agreement of the mother
- AND **my parental rights have not been removed by the courts**

Signature of parent.....Date.....

The patient

(This is the person whose records are being accessed)

Surname	Date of birth
First name	
Address	
Postcode	
Email address	
Telephone number	Mobile number

The representatives

(These are the people seeking proxy access to the patient's online records, appointments or repeat prescription)

Surname	Surname
First name	First name
Date of birth	Date of birth
Address	Address (tick if both same address <input type="checkbox"/>)
Postcode	Postcode
Email	Email
Telephone	Telephone
Mobile	Mobile

For practice use only

The patient's NHS number		The patient's practice computer ID number	
Identity verified by (initials)	Date	Method Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence (tick below) <input type="checkbox"/> passport <input type="checkbox"/> driving licence <input type="checkbox"/> bank statement <input type="checkbox"/> other (please record) <input type="checkbox"/>	
Proxy access authorised by			Date
PLEASE NOTE THIS MUST BE A GP PARTNER			
Date account created			
Date passphrase sent/handed out			
Level of record access enabled Appointments <input type="checkbox"/> Repeat Prescriptions <input type="checkbox"/> Medication <input type="checkbox"/> Allergies <input type="checkbox"/> Other, please specify <input type="checkbox"/>		Notes / comments on proxy access	