

***Drs Taine, Drake, von Blumenthal, Jackson, Jarvis, Vedavanam & May***

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### Request to use online services on behalf of a patient (Aged 12 Years to 16 Years)

This application can be used to request access to the online facilities on behalf of a patient. You can only do this if you are the parent, legal guardian or registered carer of the patient.

The applicant must be aged 16 years or older and for security reasons you will need to provide photo evidence of your identity such as a passport or photo driving licence. The patient you are applying for will also be required to supply proof of identity where possible.

If the outlined procedures cause any difficulty please speak to Mrs Nicola Gauge, Practice Manager.  
*Each case will be examined on an individual basis.*

#### Section 1: Applicant Details

<b>Full Name:</b>		<b>DOB:</b>	
<b>Email:</b>			
<b>Mobile number:</b>			
<b>Relationship to Patient:</b>	<i>e.g. parent, guardianship</i>		
<b>Registered Carer?</b>	Yes/No (if yes, you will need to produce evidence when submitting this form)		
<b>Applicant signature (signs upon receipt of log in details)</b>			

I, the applicant, wish to have access to the following online services on behalf of the patient whose details are recorded in section 2. (please tick all that apply):

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing the medical record	<input type="checkbox"/>

By signing this form, I understand and agree with each statement (tick)

1. I have read and understood the information leaflet provided by the practice	<input type="checkbox"/>
2. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
3. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	<input type="checkbox"/>
5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	<input type="checkbox"/>

In the case of any abuse of the service, the GP practice can revoke the log-in details, stopping you accessing the service. Examples of irresponsible use of the system may include, but are not limited to:

- i. Booking appointments the patient has no intention of attending
- ii. Repeatedly booking and then cancelling appointments
- iii. Repeatedly requesting prescriptions the patient does not need

If the patient does not attend appointments booked online, the facility will be removed immediately.

Please note, when using the online booking account, information on past appointment, future appointments and current medication will be visible on the screen. The type of appointments available are at the discretion of the practice.

## Section 2: Patient Details

Name:	
DOB:	
Mobile number to be recorded on patients record:	
Patient signature	

***For patients between the ages of 12 years and 16 years the form must be counter signed by the child. At the age of 12 years and above a child is deemed to have the capacity and understanding to take decisions about their treatment and generally to have their confidentiality respected. Access to online services will allow parents to see their child's appointment history and the medication prescribed and we therefore need confirmation from the patient that they agree for their parent(s) to view their information displayed via our online services.***

***Accounts granted for patients under the age of 16 will automatically be terminated when the child reaches the age of 16. They will then need to reapply for the online service and will be issued with a new password)***

**For Practice use only**

Patient NHS Number		Surgery (Potton or Gamlingay)	
Identity verified by (name)	Date	Method (tick)	
		Vouching	<input type="checkbox"/>
Authorised by	Date	Vouching with information in record	<input type="checkbox"/>
		Photo ID and proof of residence seen and copy taken	<input type="checkbox"/>
Date online account created			
Date username and password issued			
User name and password issued and signed for (tick)			<input type="checkbox"/>
User guide issued (tick)			<input type="checkbox"/>
Documented proof of ID seen of patient e.g. birth certificate or passport (tick)			<input type="checkbox"/>
Registered carer evidence seen and scanned onto patient records (if applicable)			<input type="checkbox"/>
Read Code (/online) added (tick)			<input type="checkbox"/>
Reminder set on patients home page (tick)			<input type="checkbox"/>

*Add a reminder to the patient's home page as follows:*

*On the clinical tree, select reminders, right click and select create reminders, leave the default as "normal" and add a note stating "(Applicants name) has user access rights for online services for this patient" select OK.*

*To check, access the patient's home page and make sure the message appears.*

Signed by member of staff completing the above Office Use section .....

Date .....