Application for Proxy Access to GP Online Medical Records
When Lasting Power of Attorney
For Health & Welfare

Patient details

Surname		
First name		
Date of birth		
Address		
Email		
Telephone		
Mobile		

I confirm I have lasting power of attorney for health and welfare for the above patient and wish to have on-line access to their medical record.

Surname		
First name		
Date of birth		
Address		
Email		
Telephone		
Mobile		

Please tick level of access required

◦ Online appointments booking		☐
◦ Online prescription management		☐
◦ Full access to the medical record		☐

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

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

Signature of person with lasting power of attorney for health and welfare for the above patient	Date

For practice use only:

Proof of identity of lasting power of attorney and copy obtained:	
Proof of address of lasting power of attorney and copy obtained:	
Copy of lasting power of attorney doucmentation:	
Name of staff member processing application :	
Level of record access enabled:	
For full access only: Records reviewed and redacted where appropriate:	
Date of On-line Access Granted:	