**APPENDIX 3**

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**PROXY online access for adults (aged 16 years and over)**

Patient’s Full Name: ……………………………………………………………………………..

Patient’s Date of Birth: …………………………………………………………………………..

Patient’s Address: ……………………………………………………………………………….

**Information regarding access to online services:**

You have decided to grant a family member or carer access to your online account. The person you are granting access to will be able to do the following things on your medical record:

Please tick services you are granting access to:-

✓

* Appointment booking
* Request medication
* Questionnaires
* Summary record access
* Detailed coded record access (see coded details of your consultation with any doctor or nurse at St Austell Healthcare)

**Details of the person you want to give access to:**

Full Name: ………………………………………………………………………………..

Date of Birth: ……………………………………………………………………………..

Address: ………………………………………………………………………………….

Relationship: …………………………………………………………………………….

**Stopping access:**

Even if you grant access today, you can **STOP** the access at any time by letting us know in writing ([reception.sahc@nhs.net](mailto:reception.sahc@nhs.net)) that you no longer want this person to have access to your record. You can also set a specific date you want the access to stop by filling in the section below.

Date you want the access to stop:…………………………………………………….

**Please sign below to confirm that you have read and understood the information on this form.**

Signature:………………………………………………… Date: …………………………….

*To be completed by SAH staff member:-*

*Type of photo ID Documentation seen for patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date seen \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_*

*Staff Members Initials \_\_\_\_\_\_\_\_\_\_*

*If Patient is housebound and unable to attend the practice to provide ID, then only access to REQUEST MEDICATION can be granted.*