**APPENDIX 2**

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**PROXY online access for children aged 11 years until their 16th birthday**

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:

The service you are granting access to is: **Request medication**

**Details of the Parent/Guardian requesting PROXY access:**

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

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

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

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

**Stopping access:**

Proxy access to your online account will be stopped on the day of your 16th birthday.

Even though you have granted 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.

**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 \_\_\_\_\_\_\_\_\_\_*