



Application for online access for carers/other family members
Section 1

Surname	Date of birth
First Name	
Address	
Telephone	Email

I (Name of patient), give permission to my GP practice to give the

Following people

Proxy access to the online prescription management.

I reserve the right to reverse any decision I make granting proxy access at any time. I understand the risks of allowing someone else to have access to my prescription management.

I have read and understood the information leaflet provided by the practice

Signature of patient or relative	Date
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Section 2

I/we(names of representatives) wish

To have online access to this patients online prescription management.

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

I/we have read and understood the information leaflet provided by the practice and agree that I will treat the patient information confidentially.	
I/we will be responsible for the security of the information that I/we see or download	
If I/we see information in the records which is not about the patient, or is inaccurate, I/we will contact the practice as soon as possible. I will treat any information which is not about the patient as strictly confidential.	
Signature of care home representative/s	Date