Proxy Online Access Form – Please use this form to give permission for another person to have access to parts of your medical records online, for example to request your medication.

Full name of Patient:		
Address of Patient:		
Email:		
Mobile Number:		
Date of Birth:		
NHS Number:		
Please tick to confirm the areas of online access you wish to grant to **someone other than you**?		Make, change or cancel appointments
		Review and request medication
		View detailed coded information from your record
		View Full Clinical record information from no earlier than the date of this form
Name of Person to be given online access:		
Address of Person to be given online access (if different from above):		
Date of Birth:		
Relationship to Patient, eg Carer, Legal Guardian, Parent, etc.		
If you are the parent**, please sign and print your name** in the space to the right to confirm you have legal parental responsibility for the patient		
SIGNED BY THE PATIENT (in the presence of a Practice Representative		
WITNESSED BY (Practice Representative):		
Date of Signatures		