

**Croft Medical Centre**  
**FORM 3 - Online Services Carer / Advocate Proxy Access**  
**Registration Form for Patients without Capacity to Make Decisions**  
**for informal Carer's / Advocates**

**Details of Patient I wish to access the Online Services for:**

Title ..... Forename (s) ..... Surname .....

Date of Birth .....

Address .....

By giving us your email and mobile numbers you consent to the Practice sending you texts and emails.  
 (If you do not wish us to contact you in this way please tick here )

**Details of person wishing to access the above patient's Online Services:**

Title ..... Forename (s) ..... Surname .....

Date of Birth .....

Address .....

Phone Nos. Home ..... Work ..... Mobile .....

Email Address .....

By giving us your email and mobile numbers you consent to the Practice sending you texts and emails.  
 (If you do not wish us to contact you in this way please tick here )

Relationship to Patient  
 (e.g. friend, brother, wife, neighbour) .....

I wish to have access to the following online services (tick all that apply):

1. Booking Appointments	<input type="checkbox"/>
2. Requesting Repeat Prescriptions (Only medication on Repeat can be requested online. Please attend the practice to request any other medication)	<input type="checkbox"/>
3. Accessing patient's Summary Medical Record (Summary of Allergies and recent Repeat and Acute Medications)	<input type="checkbox"/>

I agree with each statement below (please tick):

1. I have read and understood the Patient Information Leaflet "It's your choice" provided by the practice, including the information about the dangers of coercion	<input type="checkbox"/>
2. I will be responsible for the security of the information that I see or download from the above patients' records.	<input type="checkbox"/>
3. I will not share the information I view or the login details I am given with anyone else, and understand the importance of keeping the information I view confidential.	<input type="checkbox"/>

4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement.	<input type="checkbox"/>
5. If I see information in the record that I suspect is not about the above patient, or is inaccurate I will log out immediately and contact the practice as soon as possible.	<input type="checkbox"/>
6. I have read and understand the details, terms and conditions of use attached and I understand that if I send any messages via the repeat prescription request screen that my access may be removed.	<input type="checkbox"/>
7. <b>Persons registered at this Practice:</b> I understand that my access will be granted through my own online access account and I therefore need to register myself for the service before requesting proxy access to another patients account. I confirm that I have already registered for online services and have received my personal access information. <b>Persons not registered at this Practice:</b> I understand that I will need to be registered as an online user at this Practice to be able to access the online account of a patient registered at this Practice and that I will gain access via my own individual account. <b>By signing this form I agree to you registering me as an online user at this Practice.</b>	<input type="checkbox"/> <input type="checkbox"/>
8. I confirm that it is my belief that the patient specified above does not have capacity to make decisions and that I am requesting access to the Online Services in my role as Carer / Advocate for this patient and I enclose any paperwork I have granting me permission to act on their behalf. If I do not have any paperwork confirming my permission to act on this patient's behalf I understand that any access granted to me will be at the discretion of a Doctor who will make their decision based on the best interests of the patient. I understand that this could mean that access is refused or reduced. <b>I understand that if access is refused it may not be appropriate to give me the reason why.</b>	<input type="checkbox"/>
9. I understand that this is not a decision that can be made lightly and it may take some time before the Practice can decide whether the access is granted or refused. I understand that I will need to contact the practice to check whether a decision has been made ( <b>please allow 2 weeks</b> ) and that I will need to bring Proof of Identity when I collect the access information.	<input type="checkbox"/>

Signed .....

Date .....

**Identification requirements:**

- For BOTH Family Member / Casual Carer / Advocate and Patient:

**Photo ID: driving licence or passport only AND one of the following: Birth Certificate, Bank Statement, Utility Bill, Marriage Certificate. (If you don't have a driving licence or passport it may be possible in some cases to still register for this service if you are a patient registered at this practice, please see Reception for guidance about how this may be achieved).**

## Details, Terms and Conditions of Use

### Please read the following information carefully before signing your agreement:

- Currently only routine 10 minute doctor appointments are available to book. We are hoping to add further appointments at a later date. Please watch Practice advertisements for more information.
- Currently we are unable to offer the ability to book multiple appointments.
- All appointments are released at 8am at the same time as the Practice doors open and phones are switched on.
- You will not be able to order repeat prescriptions if your review is overdue.
- **You will not be able to request medication that is not on your repeat prescription list.**
- **Please do not send messages or queries about ANYTHING via the Medication Request Screen. You will still need to come into or phone the Medical Centre with queries.**
- This service can be withdrawn at any time at the discretion of the practice.
- **Misuse of this system may result in your access being withdrawn. Examples of misuse include: failure to attend booked appointments, not collecting ordered prescriptions, sending messages via the Medication Request Screen.**
- Please be aware that any demographic (e.g. address, telephone number) information we hold is shared with other NHS agencies.
- All data held on your online record is sensitive. Please preserve the confidentiality of your data by logging out of Online Services when you have finished and by not sharing your password. We recommend that you ensure no one is watching when you enter your username and password. Not observing basic data protection procedures could put the security of your data at risk.
- As part of the screening process it may be necessary for **any** patient's form to be sent to a Doctor for verification. Please be aware that this could be your form and you may have to attend again with your identification at a later date to collect your access information.
- Some patients may be deemed unsuitable for Online Access based on guidance we receive from NHS England. Unfortunately if you meet the criteria set by NHS England for exclusion from Online Services you may be refused access to Online Services.
- Currently we have restricted online access to patients aged 18 years old and over until further guidance is available about who should be able to access the records of patient's under 18 years of age.

### Please Note

- To reduce waiting time we suggest you return this form to reception between 10am and 12 midday or between 3pm and 4pm. You may have to wait longer if you return your registration form outside these times.
- **Don't forget to bring ID. A list of acceptable identification is listed on the registration form below the signature.**

<b>Administration details- CCMC use only:</b>	
<b>GP</b>	
I have checked this patient's record and agree that they do not have capacity to make decisions	<input type="checkbox"/>
<b>Access Granted:</b>	
I have checked the paperwork provided and agree to the requested access being granted	<input type="checkbox"/>
I have checked the patient record and agree it is in the best interest of the patient for access to be granted	<input type="checkbox"/>
I have checked the patient record and / or paperwork provided and agree it is in the best interest of the patient that <b>ONLY</b> the following access is granted:  <input type="checkbox"/> Booking Appointments <input type="checkbox"/> Requesting Repeat Prescriptions <input type="checkbox"/> Accessing patient's Summary Medical Record  Reason for reduction: .....	<input type="checkbox"/>
<b>Access Refused:</b>	
I have checked the paperwork provided and feel it is in the best interest of the patient for access to be refused at this time  Reason for refusal: .....	<input type="checkbox"/>
I have checked the patient record and have decided that is in the best interest of the patient for access to be refused at this time  Reason for refusal: .....	<input type="checkbox"/>
I agree to the reason for refusal / reduction being disclosed to the requester.	<input type="checkbox"/>
Sign & Print Name .....	Date: .....
<b>Reception</b>	
I have checked the identification, completed the Online Access Template and given access information to the Carer/ Advocate.	<input type="checkbox"/>
I will place a copy of any paperwork provided as proof along with this signed form in the scanning basket for adding to the patients' record	<input type="checkbox"/>
Sign & Print Name .....	