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## Consent to proxy access to GP online services

**Note:** If the patient does not have capacity to consent to grant proxy access and proxy access is considered by the practice to be in the patient's best interest section 1 of this form may be omitted.

### Section 1

I,..... (name of patient), give permission to Drs Adey & Dancy to give the following individual

.....

proxy access to the online services as indicated below in [section 2](#).

I reserve the right to reverse any decision I make in granting proxy access at any time.

I understand the risks of allowing someone else to have access to my health records.

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

Signature of patient:	Date:
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### Section 2

1. Online appointments booking	<input type="checkbox"/>
2. Online prescription management	<input type="checkbox"/>
3. Accessing the medical record for (name of patient)	<input type="checkbox"/>

### Section 3

I..... (name of representative) wish to have online access to the services ticked in the box above [in section 2](#) for ..... (name of patient).

I understand my responsibility for safeguarding sensitive medical information and I understand and agree with each of the following statements:

1. I have read and understood the information leaflet provided by the practice and agree that I will treat the patient information as confidential	<input type="checkbox"/>
2. I will be responsible for the security of the information that I/we see or download	<input type="checkbox"/>
3. I will contact the practice as soon as possible if I/we suspect that the account has been accessed by someone without my/our agreement	<input type="checkbox"/>
4. If I see information in the record that is not about the patient, or is inaccurate, I will contact the practice as soon as possible. I will treat any information which is not about the patient as being strictly confidential	<input type="checkbox"/>

Signature of representative	Date
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**The Patient** (This is the person whose records are being accessed)

Surname	Date of birth
First name	
Address	
Postcode	
Email address	
Telephone number	Mobile number

**The Representative**

(The person seeking proxy access to the patient's online services).

Surname
First name
Date of birth
Address
Postcode
Email
Telephone
Mobile

## For practice use only

The patient's NHS number		Patient's EMIS ID Number	
Identity verified by (initials)	Date	Vouching <input type="checkbox"/>	Vouching with information in record <input type="checkbox"/>
		Photo ID and proof of residence <input type="checkbox"/>	
Proxy access authorised by			Date
Date account created			
Date passphrase sent			
Level of record access enabled		Notes / comments on proxy access	
Appointments, Prescriptions & Summary <input type="checkbox"/>			
Medical record <input type="checkbox"/>			