

## Patient Consent Form



Please read this form carefully before completing.

### Patient Details

Full Name	
Date of Birth	
Address	

### Person To Have Access

Full Name	
Relationship to Patient	
Address	
Telephone	

### Services to Access

Service	Indefinitely	Time Period i.e., from .. /.. /.... to .. /.. /....
Full Access (Consultations, appointments, test results, prescriptions, communications and letters)		
Online Access		
Appointments		
Test Results		
Consultations		
Prescriptions		

I give consent for the individual named above, to have access to the selected services, for the indicated length of time.

Signed	
Date	

Should this consent change, I agree to contact the Practice. (Essential for confidentiality)

Signed	
Date	

**Details of Full Access:**

Will allow access to information entered into your health record.

This includes all:

- Consultations
- Test results
- Free text
- Prescriptions
- Appointment details
- Communications and letters

**Details of Online Access:**

Proxy access was developed to allow someone other than the patient to access and manage parts of their GP online services account with patient consent.

The Practice controls what you can do with a linked profile. Depending on the level of proxy access your surgery agrees to give you, you may be able to switch profiles to act on behalf of another person and:

- Book an appointment
- Order a repeat prescription
- View some or all of their GP health record.

Please contact the Practice to have proxy access set up.

**Details of Appointments:**

Information regarding completed and upcoming appointments may be given to the appointed individual.

This information includes:

- Date and time of appointment
- Location of appointment
- Who the appointment is with
- What the appointment is for

**Details of Test Results:**

Results received by the Surgery, including those completed in secondary care settings.

**Details of Consultations:**

Information added to your health record during consultations.

**Details of Prescriptions:**

Information relating to your prescribed medication and the ability to order on your behalf.