**GRENOSIDE SURGERY and WADSLEY BRIDGE MEDICAL CENTRE**

[www.grenosidesurgery.com](http://www.grenosidesurgery.com) <https://patient.emisaccess.co.uk/>

**Access to GP Online Services for Children (under 13 years of age)**

A parent or guardian with parental responsibility may request proxy access for their child under the age of 13.

**To obtain proxy access, the parent must first be registered for Online Services at our Practice. Only parents who are registered on our medical records system can be granted Proxy Online Access**.

The parent must show proof of ID and proof of parental responsibility, e.g. child’s birth certificate or court order, at the time of requesting proxy access.

If there are any limitations on access to the child or their information which have been imposed by a Court or by Social Services this must be declared.

If approved the parent will be given online access for their child. A parent with proxy access will be able to book appointments and order repeat prescriptions for the child, and will also have access to the elements of the child’s patient record that have been released for online access.

Proxy access can be withdrawn if there is any suspicion about the motives of the parent, at the discretion of the child’s GP.

Note proxy access can continue if the child grants explicit consent to do so (a form will be sent prior to the child’s 13th birthday). This can be withdrawn at any stage by the child.

If the form is not returned proxy access will be discontinued when the child reaches 13 years old.

If at that stage, a child wishing to use Online Services may choose to register in their own right, and can be given their own logon ID and password. This must be discussed and approved a by a GP.

One form should be completed for every parent / guardian being granted proxy access to a child’s medical record and for each child for whom access is being requested.

**Patient’s Details**

|  |  |
| --- | --- |
| **Surname** |  |
| **First Name** |  |
| **Date of birth** |  |
| **Address** |  |
| **Postcode** |  |
| **Email address** |  |
| **Telephone Number**  |  | **Mobile Number** |  |

**Applicants Details**

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

|  |  |  |
| --- | --- | --- |
| **1** | **Online Appointment Booking** |  |
| **2** | **Online Repeat Prescriptions** |  |
| **3** | **Immunisations & Allergies**  |  |
| **4** | **Medical Record (deactivated one child is aged 13)** |  |

**I agree with each statement (Please tick)**

|  |  |  |
| --- | --- | --- |
| **1** | **I will be responsible for the security that I see or download** |  |
| **2** | **I will not share this information with anyone else** |  |
| **3** | **I will contact the practice as soon as possible if I suspect that this account has been accessed by someone without my agreement** |  |

|  |  |
| --- | --- |
| **Name:** | **Date of Birth:** |
| **Signature:** | **Relationship to patient:** |
| **E-Mail address:** |  |

**THIS FORM MUST BE HANDED TO A MEMBER OF PRACTICE STAFF WHO WILL PRODUCE AN INDIVIDUAL ID TO ENABLE ON-LINE ACCESS**

|  |  |  |  |
| --- | --- | --- | --- |
| Identity verified (tick all that apply) | Driving Licence PassportPhoto ID Utility BillBank StatementBank Card (signature witnessed)National Insurance Card  | Name of verifier | Date |
| Date online access created |  |  |  |
| Date passphrase sent  |  |  |  |
| Code 9RN added to records  |  |  |  |