

SystemOne – Proxy Application form for online services

You need to bring along some photographic proof of ID to get registration details. To ensure confidentiality we are only able to accept registrations in person.

To apply for online access you will need to bring along this form, together with photographic ID for yourself and proof of relationship to the person you are applying for access for, and due to the complex confidentiality laws we will already need to have the 'consent to share' document in place and/or proof of Power of Attorney. This service is not available to care homes.

Details of person applying for access:

Date of Birth	Age
Name of person for the online access	
Email address	
Telephone number	Mobile number
I, give permission to my GP practice to give the following people proxy access to the online services as indicated	Signature Date

Your details:

Name:
Relationship to person:
Email Address:
Mobile Number:
Landline Number:

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

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Questionnaire	<input type="checkbox"/>
4. Accessing my summary care record	Not available
5. Accessing my detailed coded access to my medical record. This is not full record access. Please consider there may be sensitive data in your records. Please read attached sheet 'Things to consider' before ticking this box.	Not available

Please complete overleaf

Patient Disclaimer

I am the husband/wife/daughter/son of

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And I am applying for online access for my husband/wife/mother/father. I will adhere to The Mayflower Medical Practice Guidance notes which I have been given for the use of SystemOne Online. I understand that it is my responsibility to keep the account secure by keeping the log in details confidential.

Signature	Date
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Surgery staff to complete

ID seen <input type="checkbox"/> type of id	Staff Name		
Proof of relationship seen <input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">User Name & Password of person applying for access is given to representative <input type="checkbox"/></td> <td style="padding: 5px;"> <p style="text-align: right;">Checklist - IMPORTANT Action</p> <p style="text-align: right;">Access to appointments & medication only <input type="checkbox"/></p> <p style="text-align: right;">Create task for record access <input type="checkbox"/></p> <p style="text-align: right;">Scan <input type="checkbox"/></p> <p style="text-align: right;">Send Application Form to Finningley <input type="checkbox"/></p> </td> </tr> </table>	User Name & Password of person applying for access is given to representative <input type="checkbox"/>	<p style="text-align: right;">Checklist - IMPORTANT Action</p> <p style="text-align: right;">Access to appointments & medication only <input type="checkbox"/></p> <p style="text-align: right;">Create task for record access <input type="checkbox"/></p> <p style="text-align: right;">Scan <input type="checkbox"/></p> <p style="text-align: right;">Send Application Form to Finningley <input type="checkbox"/></p>
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