Online Medical Record Access – Linked Profile for Adults (over 16)

We require 2 forms of ID from the person we are granting the access to (Nominated Individual), please bring in a photo ID and proof of address along with this form.

1. Patient giving consent
You give consent for the person below (Nominated Individual) to use your online access account

Name	
Date of Birth	
Address	
Home Phone Number	
Mobile Number	

2. Nominated Individual
This is the person that you are giving access to your online account

Name	
Date of Birth	
Relationship to above	
Address	
Home Phone Number	
Mobile Number	
Email address	

3. Please tick the boxes for areas of access you grant to the above-named Nominated Individual.

Appointment booking		Viewing test results	
Ordering repeat prescriptions		Viewing hospital letters	
Viewing recent consultations		Viewing problems	
Viewing immunisation and vaccination records			

4. Declaration by patient *(person giving consent)*
I am aware that this consent may be revoked by me at any time

Signature:	Date:

5. Witnessed by
   Cannot be either of the above two named individuals

Name:	Signature:	Address:

PLEASE TURN OVER

Please complete your Next of Kin and Emergency Contact details so we can keep our records up to date.

6. Next of Kin details	
Name	
Landline Number	
Mobile Number	
Relationship to you	
Address	

7. Emergency Contact details	
Name	
Landline Number	
Mobile Number	
Relationship to you	
Address	

NOMINATED INDIVIDUAL IDENTITY VERIFICATION *(PRACTICE USE ONLY)*

ENSURE TWO SEPERATE FORMS OF ID ARE SEEN FOR NOMINATED INDIVIDUAL **NOT PATIENT GIVING CONSENT**	Vouching	Name of staff member who has seen ID:	Date:
	Documentation	Document 1 (Photo ID):	Document 2 (Proof of Address):

MENTAL CAPACITY *(PRACTICE USE ONLY)*

Does the patient have mental capacity? If yes, complete sections below. (Y/N)				
If no, send task to registered GP for further advice. Date task sent if no capacity				
If task sent to clinician, was it authorised?	Y / N	Clinician initials		Date

PATIENT CONFIRMATION *(PRACTICE USE ONLY)*

Make sure to say Nominated Individuals (NI) name to patient to make sure no confusion on who is getting access.

Name of staff member making phone call		
Date contact with patient made		
Time of contact		
Patient understands what information is being given to NI (Y/N)		
Patient consents to NI gaining access to specified areas overleaf (Y/N)		

ACCOUNT SET UP *(PRACTICE USE ONLY)*

Only to be done once above has been filled in and patient has been spoken to.

Date account created:	
EMIS number of patient:	
EMIS number of Nominated Individual:	
Registration completed by: (staff name)	