**Staff Proxy Access Request Form Guide**

Application to add/remove care home staff proxy access for online ordering of repeat medication.

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| **Section 1**  | Add access ¨ | Remove access ¨One of these options should be ticked to indicate action. |  |
| **Section 2**  | **To be completed by the Care Home Lead** |  |
| Care Home address |  | Postcode |  |
| Staff name |  | Staff date of birth |  |
| Individual / Staff mobile phone number  | All these sections need to be populated with appropriate information. |
| Staff **NHS email** (Not shared mailbox) |  |
|  | **Tick** |
| ID verification | I confirm I have verified the identity of the named Care Home staff member |  |
| IG training | I confirm that this staff member has completed the required level of information governance training as identified in the Data Sharing AgreementMust be their own NHS email – if they need one, please contact Helpdesk for support. Form should be sent back if not an NHS email. |  |
| **Add** proxy access | I confirm that this member of staff is currently employed by our Care Home and proxy access to all residents’ records should be approved |  |
| **Remove** proxy access | I can confirm that this member of staff has now left our Care Home and proxy access to all residents’ records should be removed | Appropriate options should be ticked.  |
| Care Home Lead Name |  |  |
| Care Home Lead Signature | This section needs to be completed. If left blank, form should be sent back. Should be signed and dated by care home lead. | Date |  |
| **Section 3**  | **To be completed by the Care Home staff member** | **Tick** |
| I have read and understood the information leaflet provided about online access and will treat the resident’s information as confidential |  |
| I understand my responsibility for safeguarding sensitive medical information |  |
| I will be responsible for the security of the information that is seen or downloaded |  |
| I will contact the GP Practice as soon as possible if I suspect that the account has been accessed by someone without the agreement of the residentStaff member requesting access or removal should complete section 3.Options which apply should be ticked. |  |
| If I see information in the record that is not about the resident, or is inaccurate, I will contact the GP Practice as soon as possible. I will treat any information which is not about the resident as being strictly confidential.  |  |
| I understand that the GP Practice may not be able to offer me these services due to any reasons, such as concern that the information could cause harm to the resident’s physical / mental health or where there is reference to third parties.This section needs to be signed and dated. If left blank, form to be sent back.  |  |
| I understand the GP Practice has the right to remove online access for anyone that does not use this service responsibly |  |
| Staff member Signature |  | Date |  |

**IMPORTANT:**

A list of residents the care home would like this staff member to have proxy access for should be sent.

**Please attach a list of residents that this member of staff will order medication for**

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| **For GP Practice use only** |
| Method of verification | Vouching – by Care Home Manager |  |
|  | Other (please state) GP Practice can use this section to record which practice staff completed configuration and record access provided for your records.  |  |
| Authorised and completed – Name  |  | Date |  |
| Signature |  |  |  |
| Level of access enabled | Medication requests |  |
|  | Appointment booking |  |
|  | Completing questionnaires |  |
|  | View summary care record |  |
|  | Coded or full record |  |
|  | Detailed coded record |  |
|  | Full clinical record |  |
|  | Full record with coded record before review date |  |