# Request for Access to My Health Online

# Person acting on behalf of another individual

**Please check the appropriate box below, complete the relevant noted section on the following pages and forward the signed form to your GP Practice.**

**Please note:** If you are acting on behalf of a child aged under 16, please complete the

 “**Request for Access to My Health Online to act on behalf of a child aged under 16”** form

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| **Ref** | **Authority** | **Check** |
|  **1** | **I am 16 or over and want to authorise someone else to use My Health Online on my behalf**(for example, a wife acting on behalf of her husband or son acting on behalf of an elderly parent)I understand I need to provide proof of my identity and the identity of the named person acting on my behalf for the GP Practice to set up a My Health Online Account. ***(Please complete sections A and B below)*** |  |
|  **2** | **I am acting on behalf of the patient as they do not have the mental capacity to use My Health Online themselves**(for example, a family member or carer with Lasting Power of Attorney for health and care decisions) I understand that I need to provide proof ofmy identity, the patient’s identity, and proof of our relationship, for the GP Practice to set up a My Health Online Account.***(Please complete sections A and C below)*** |  |

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| **Section A -** to be completed by all |
| **Full Name of Patient** |  | **Phone Number**(if applicable) |  |
| **Mobile Number** (if applicable) |  |
| **Email Address** (if applicable) |  | **Date of Birth** |  |
| **Address** |  |
| **Patient’s preferred language** (please delete as appropriate) | **Welsh** | **English** |
| **Section B -** to be completed if you ticked Box 1 |
| **Full Name of** **individual acting on behalf of the patient** |  | **Phone Number** |  |
| **Mobile Number**  |  |
| **Email Address** |  | **Relationship to the patient** |  |
| **Address** |  |
| *Please tick one or more of the below* **I want the person named above to be able to:**[ ]  Book and cancel appointments [ ]  Order repeat prescriptions [ ]  Update my information (for example, address and telephone number)[ ]  View a summary of my doctor’s record  |
| * I give authorisation for the person named in this section to be able to use the parts of My Health Online that I have indicated above.
* I have been given a copy of the ‘Safe and Secure Leaflet’ and the ‘What you need to know about MHOL records Leaflet’.
* I know that at any time I can ask my GP Practice to stop the person I’ve named above being able to see part of or all of My Health Online Account.
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| **Signature** |  | **Date** |  |
| **Section C –** to be completed if you ticked box 2 |
| **Full name of individual acting on behalf of the patient** |  | **Phone Number**  |  |
| **Mobile number**  |  |
| **Email Address**  |  | **Relationship to the patient** |  |
| **Address** |  |
| * I confirm that I have the authority to act on behalf of the patient named in Section A.
* I have been given a copy of the ‘Safe and Secure Leaflet’ and the ‘What you need to know about MHOL records Leaflet’.
* I understand that my access is given at the discretion of the practice and can be removed at any time.
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| **Patient’s Signature**  |  | **Date**  |  |

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| **Practice Checklist – to be completed by Practice staff**The following checks must be completed before a nominated individual can receive access to My Health Online |
| **Ref** |  | **Check** |
| **1** | Patient’s and nominated individual’s identity documents verified and relationship confirmed (if required) |  |
| **2** | Details of documents checked and name of individual authenticating (if required)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **3** | Patient’s name and date of birth checked on this form validated against clinical system |  |
| **4** | Patient’s preferred language and contact details updated on the clinical system (if required) |  |
| **5** | Registration process and next steps explained  |  |
| **6** | The ‘Safe and Secure Leaflet’ and the ‘What you need to know about MHOL records Leaflet’ have been provided to the patient and their nominated individual |  |
| **7** | Nominated individual advised to register their online account over the next 24 – 48 hours |  |
| **8** | There is a process in place for access to be revoked if requested to do so |  |