**Application to grant Care Home Worker Proxy Access to order repeat medications online/removal of access rights for all registered residents.**

### Section 1- Care Home Worker Details and ID Verification to be completed by Care Home/ Manager;

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Nominated care home staff member**  **Name:**  **(Please enter name into EMIS, exactly how it appears on this form)** | Click or tap here to enter text. | **Date of Birth** | Click or tap here to enter text. | | |
| **Care Home Name and full address:**  **(Please enter address into EMIS exactly how it appears on this form)** | Click or tap here to enter text.  **Postcode:**Click or tap here to enter text. | | | | |
| **Email Address:**  **(Please enter email address into EMIS, exactly as it appears on this form)** | | Click or tap here to enter text.**@NHS.net**  **or**  Click or tap here to enter text.**@gov.uk**  *(This must be a secure email address such as nhs.net or .gov email* | | | |
| **Contact Number:** | Click or tap here to enter text. | | | | |
| **IG Training** | I can confirm that this Care Home staff member has completed required level of IG training as identified in the Information Sharing Agreement | | |  |
| **Add Proxy access** | I can confirm that this Care Home staff member is currently employed with our care home and proxy access to all residents’ records should be approved where consent exists | | |  |
| **Remove Proxy Access** | I can confirm that this Care Home staff member has now left our care home and proxy access to all resident’s records should be removed | | |  |

|  |  |
| --- | --- |
| **ID Verification:** | I can confirm I have verified the identity of this Care Home staff member.  **Signature of Care Home Manager:**  **Date:** Click or tap to enter a date.**\_\_** |

### Section 2 – Terms of Agreement to be completed by staff member;

**I understand and agree with each statement below with regards to the patient’s online information;** (please place a ✓ in the box)

|  |  |
| --- | --- |
| I have read and understood the information leaflet provided by the practice about online access and will treat the patient’s information as confidential |  |
| I will be responsible for the security of any of the information that I see or download |  |
| I will contact the practice as soon as possible if I suspect that the account has been accessed without my agreement. |  |
| If I see information in the record that is not about the patient or is inaccurate, I will contact the practice as soon as possible. I will treat this information as strictly confidential. |  |
| I will deactivate my proxy access account if I leave the organisation. |  |

**Care Home staff member Signature:**



**Date:** Click or tap to enter a date.

### Section 3 - To be completed by Practice:

|  |  |
| --- | --- |
| Action | Date |
| Worker created as online user & Proxy access granted | Click or tap to enter a date. |
| Log in details emailed to Care Home | Click or tap to enter a date. |
| Worker online user status & proxy access removed | Click or tap to enter a date. |