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| S:\~Old_server_data\Shared\Claire\images\lighthouseb&w4.gif | **The Lighthouse Medical Practice**  6 College Road, Eastbourne, BN21 4HY – 01323 735044  Milfoil Drive, Langney, Eastbourne, BN23 8BR – 01323 766358  **Website:** [**www.lighthousepractice.co.uk**](http://www.lighthousepractice.co.uk/)  **Email:** [**lighthousepractice@nhs.net**](mailto:lighthousepractice@nhs.net) |

**Consent to proxy access to GP online services for children under 16**

I……………………………………………………………. (name of adult with parental responsibility)

wish to have online access

for ……………………………………….………………………… (name of child).

I understand my responsibility for safeguarding sensitive medical information and I understand and agree with each of the following statements:

|  |  |
| --- | --- |
| 1. I have read and understood the information leaflet provided by the practice and agree that I will treat the child’s information as confidential | 🞏 |
| 1. I will be responsible for the security of the information that I see or download | 🞏 |
| 1. I will contact the practice as soon as possible if I suspect that the account has been accessed by someone without my agreement | 🞏 |
| 1. 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 any information which is not about the patient as being strictly confidential | 🞏 |

|  |  |
| --- | --- |
| Signature of adult with parental responsibility | Date/s |

**The child**

|  |  |
| --- | --- |
| Surname | Date of birth |
| First name | |
| Address  Postcode | |
| Email address | |
| Telephone number | Mobile number |

**The adult with parental responsibility**

|  |  |
| --- | --- |
| Surname | Date of birth |
| First name | |
| Address if different from child:  Postcode | |
| Email address | |
| Telephone number | Mobile number |