

ASH TREES SURGERY

PERMISSION TO ACT
ON BEHALF OF A
PATIENT



Permission to act on someone's behalf

I agree to allow the person named below to act on my behalf in communication with Ash Trees Surgery. This person may make, cancel and amend appointments, obtain test results and discuss consultations with both administrative and clinical members of staff.

Patient Name

Patient Date of Birth

Proxy Name

Proxy Signature

Proxy relation to patient

Proxy Name	Proxy Signature	Proxy relation to patient

Patients may find it helpful if someone else, usually a trusted family member, close friend, carer or care home, has access to their GP online account to book appointments, order repeat prescriptions, or view their GP record. In certain circumstances, particularly when patients lack capacity or have complex health conditions, it can be very helpful for this *proxy user* to have access to their online record to keep up-to-date and collaborate in their healthcare.

I understand that this permission will remain in place unless I inform the surgery otherwise.

Patient Signature

Date