# 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. | | | |
| **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. | | | |
| **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 |  |