



**mereside medical**  
Your local practice

## Consent to giving proxy access to SystmOnline

I am completing this form as I wish to provide someone else with proxy access to my SystmOnline account. This means that the person nominated can view my medical record and complete actions such as ordering repeat medications on my online account on my behalf. I can remove this access at any time. I understand that a copy of this form will be added to my medical record.

### My details are:

Patient Name		Date of Birth	
Patient Address		Email	

### Please provide proxy access to:

Proxy Name		Date of Birth	
Proxy Address		Email	
Relationship to the patient:			

I understand the risks of allowing someone else access to my SystmOnline account. I have read and understood the information leaflet provided by the practice.

I / we wish to have access to online prescription management, appointment booking / cancelling and a view of my full medical record from the date requested and into the future.

I / we understand the responsibility to safeguarding sensitive medical information and I / we understand and agree with each other on the following statements:

- I / we will be responsible for the security of the information seen or downloaded
- I / we will contact the practice as soon as possible if we suspect that the account has been accessed by someone without agreement
- If I / we see information in the online record that is inaccurate, we will contact the practice as soon as possible
- I / we understand that all information seen online is strictly confidential

**I confirm that I am happy to give this proxy access to my SystmOnline account.**

Signed (patient) ..... Date:.....

**I confirm that I am happy to be given proxy access to the above person's SystmOnline account**

Signed (nominated proxy) ..... Date:.....