# User note

The information in this form can be used by

* adding your organisation’s logo, address and contact details and insert standard information where you see **<insert>** in the form, and deleting this user note
* Copying the text and adding to your own form

It has been written in plain English and meets accessibility requirements.

Application to add/remove care home staff proxy access for online ordering of repeat medication

## Section 1 | add or remove access

|  |  |  |  |
| --- | --- | --- | --- |
| Add access | 🞏 | Remove access | 🞏 |

## Section 2 | to be completed by care home project lead

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Staff’s name |  | | Staff’s  date of birth |  |
| Care home address | <Insert care home address> | | Postcode | <Insert care home postcode> |
| Care home staff phone number | |  | | |
| Care home staff secure individual business email address | |  | | |

|  |  |  |
| --- | --- | --- |
| ID verification | I confirm I have verified the identity of the named care home worker | 🞏 |
| IG training | I can confirm that this staff member has completed the required level of information governance training as identified in the Data Sharing Agreement | 🞏 |
| Add proxy access | I can confirm that this member of staff is currently employed with our care home and proxy access to all residents’ records should be approved | 🞏 |
| Remove proxy access | I can confirm that this member of staff has now left our care home and proxy access to all residents’ records should be removed | 🞏 |

## Section 3 | Terms of Agreement to be completed by staff member

I understand and agree with each statement below (Please tick)

|  |  |
| --- | --- |
| 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 GP 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. | 🞏 |

|  |  |
| --- | --- |
| Staff’s name |  |
| Signature |  |
| Date |  |

## Section 4 | To be completed by GP practice

|  |  |  |
| --- | --- | --- |
| Action | Completed by | Date |
| Staff member online user status and proxy access granted |  |  |
| Log in details emailed to care home |  |  |
| Staff member online user status and proxy access removed |  |  |