# 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.

# Permission/consent to allow authorised <Insert care home name> staff to access information in my GP online record for the purpose of my direct care

|  |  |  |  |
| --- | --- | --- | --- |
| **Resident’s name** |  | **Resident’s** **date of birth** |  |
| **Resident’s address** | **<Insert care home address>**  | **Postcode** | **<Insert care home postcode>**  |
| **Resident’s/care home phone number**  |  |
| **Resident’s email address if applicable** |  |

### Tick one of the options below

|  |  |
| --- | --- |
| I am the resident  | 🞏 |
| I ……< **insert name** >………………………………………………………………………… am the resident’s next of kin or person with legal power of attorney and agree to the access to elements of the GP records via proxy to the care home, for direct care, in the best interests of the resident. | 🞏 |
| I ……< **insert name** >………………………………………………………………………… am the care home manager/lead of the resident’s care home and agree to the access to elements of the GP record via proxy by care staff, for direct care only, in the best interests of the resident. | 🞏 |

### Please read the following and tick each statement you agree with

|  |  |
| --- | --- |
| I reserve the right to change my mind at any time | 🞏 |
| I understand the risks of allowing someone else to have access to my health record | 🞏 |
| I have read and understood the information leaflet provided by the care home | 🞏 |
| **Signature** |  | **Date** |  |

**For the care home**

|  |
| --- |
| I confirm I have verified the identity of this resident in accordance with our organisation’s ID verification protocol |
| **Signature** |  | **Date** |  |