# 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 staff proxy access to residents’ GP online records

## Section 1 | add or remove access (tick as appropriate)

|  |  |  |  |
| --- | --- | --- | --- |
| 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** |  | | **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 |  |  |