**Application to grant Care Home Worker Proxy Access to order repeat medications online/removal of access rights for all registered residents.**

### Section 1- Care Home/Pharmacy Worker Details and ID Verification to be completed by Care Home/Pharmacy Manager;

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Care Home/Pharmacy Worker Name** |  | **Date of Birth** |  | |
| **Care Home/Pharmacy Name and full address** | **Postcode:** | | | |
| **Email Address:** | *(This must be an organisational email address preferably the Care Home Manager)* | | | |
| **Contact Number:** |  | | | |
| **ID Verification:** | I can confirm I have verified the identity of this Care Home Worker  **Care Home Managers Signature: Date:** | | | |
| **IG Training** | I can confirm that this Care Home/Pharmacy Worker has completed required level of IG training as identified in the Information Sharing Agreement | | | □ |
| **Add Proxy access** | I can confirm that this Care Home/Pharmacy Worker is currently employed with our care home and proxy access to all resident’s records should be approved | | | □ |
| **Remove Proxy Access** | I can confirm that this Care Home/Pharmacy Worker has now left our care home and proxy access to all resident’s records should be removed | | | □ |

### Section 2 – Terms of Agreement to be completed by Worker;

**I understand and agree with each statement below with regards to the patient’s online information;** (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 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. |  |

**Care Home Worker Signature: Date:**

**To be completed by Practice:**

|  |  |
| --- | --- |
| Action | Date |
| Worker created as online user & Proxy access granted | □ |
| Log in details emailed to Care Home | □ |
| Worker online user status & proxy access removed | □ |