**Beech House Surgery**

**Request for a My Health Online Account to act on behalf of another individual**

My Health Online is an NHS Wales service that offers patients the convenience to book appointments and order repeat prescriptions online using the internet.

Please tick the box that applies and provide the required proof of identity and confirmation that you have the authority to act on the patient’s behalf.

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| --- | --- | --- |
| **1** | **I am acting on behalf of the patient because they do not have the mental capacity to act in their own right**  *(for example a family member or a carer who has lasting power of attorney. Proof of the patient’s identity and your identity is required and proof of relationship if you are not registered at this practice).* ***Please complete section A & B on the next page*** |  |
| **2** | **I am over 16 and want to authorise someone else to use My Health Online on my behalf**  *(for example a wife acting on behalf of her husband or a daughter/son acting on behalf of an elderly parent. Proof of the nominated individual* ***and*** *patient’s identity is required.* ***Please complete sections A & C on the next page*** |  |

**Practice Checklist -** *to be completed by practice staff*

**The following checks must be completed before a patient can receive access to My Health Online**

1. Patient’s and nominated individual’s identity documents verified and relationship confirmed (if applicable)

Details of documents checked and your initials: …………………………………………………………………………………………………………………………

1. Patient’s name and date of birth checked on this form and updated on the clinical system. (if necessary)
2. Registration process and next steps to registration explained
3. Patient Guide and Frequently Asked Questions provided to patient and nominated individual
4. Advise nominated individual to register their online account within the next 24 – 48 hours
5. Sent for scanning into patients notes

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| --- | --- | --- | --- | --- |
| **Section A (to be completed by all)** | | | | |
| Full name of patient | | Phone number | | |
| Mobile number | | |
| Email Address (if applicable) | | Date of birth | | |
| Address | | | | |
| **Section B (to be completed if you have ticked box 1)** | | | | |
| Full name of individual acting on behalf of the patient | | Phone Number (if different to above) | | |
| Mobile number | | |
| Address (if different to above) | | Relationship to the patient | | |
| Email Address |  | | | |
| I confirm that I have the authority to act on behalf of the above named patient and I understand that:   * If I am acting on behalf of an individual who has impaired mental capacity my GP Practice may require confirmation that I have relevant power of attorney. * My access is at the discretion of the Practice and can be removed at any time. | | | | |
| Signature |  | | Date | |
| **Section C (to be completed if you have ticked box 2 )** | | | | |
| Full name of individual acting on behalf of the patient | | Phone number | | |
| Mobile number | | |
| Email Address |  | | | |
| Address |  | | | |
| I confirm that I give authorisation on the above individual to act on my behalf. I understand that by allowing this individual to have access on my behalf they will see all appointments booked by myself including ones booked in person and over the phone. I also understand that if my Practice offers repeat prescriptions online my nominated individual will see any repeat medication I am on. I understand that if I wish to remove access at any stage I can change my password online or contact the Practice to do this for me. | | | | |
| Signature of the patient | | | | Date |