



# Request for a My Health Online Account (Carer/Child Access)

**NHS Wales Informatics Service**

**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 using the internet. Depending on your practice, it may also be possible to order repeat prescriptions online or change contact details.

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.

<b>1</b>	<p><b>I am the parent or legal guardian of a child under 13 years of age</b> <i>(proof of the child's identity is required and proof of your relationship and identity if you are not registered at this practice. <b>Please complete sections A+B on the next page</b>)</i></p>	
<b>2</b>	<p><b>I am between the ages of 13 and 16 and want to authorise my parent or legal guardian to use My Health Online on my behalf</b> <i>(Proof of parent /guardian and patient's identity is required. <b>Please complete sections A+C on the next page</b>)</i></p>	
<b>3</b>	<p><b>I am 16 or over and want to authorise someone else to use My Health Online on my behalf</b> <i>(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. <b>Please complete sections A+C on the next page</b>)</i></p>	
<b>4</b>	<p><b>I am acting on behalf of the patient because they do not have the mental capacity to act in their own right</b> <i>(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. <b>Please complete sections A+B on the next page</b>)</i></p>	

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

The following checks should 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)
2. Details of documents checked and added to the GP system  
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3. Patient's name and date of birth checked on this form and updated on the clinical system. (if necessary)
4. Patient's preferred language and contact details updated on the clinical system. (if necessary)
5. Registration process and next steps to registration explained
6. Patient Guide provided to patient and nominated individual
7. Advise nominated individual to register their online account over the next 24 – 48 hours

<b>Section A (to be completed by all)</b>			
Full name of patient		Phone number	
		Mobile number	
Email Address (if applicable)		Date of birth	
Address			
Patient's preferred language (please delete as appropriate)	Welsh	English	
<b>Section B (to be completed if you have ticked boxes 1 or 4)</b>			
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			
<p>I confirm that I have the authority to act on behalf of the above named patient and I understand that:</p> <ul style="list-style-type: none"> <li>• If I am acting on behalf of a child under 13, once the child reaches 13 I will continue to have access however the practice will review this on an individual basis.</li> <li>• If I am acting on behalf of a child who has reached the age of 16 my access will be removed and they will have to register on their own behalf.</li> <li>• 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.</li> <li>• My access is at the discretion of the practice and can be removed at any time.</li> </ul>			
Signature		Date	
<b>Section C (to be completed if you have ticked boxes 2 or 3)</b>			
Full name of individual acting on behalf of the patient		Phone number	
Email Address			
Address			
<p>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. I agree that you may use my mobile to contact me by text regarding health matters and to remind me of appointments at the surgery.</p>			
Signature of the patient		Date	