

# Rowden Surgery

## SystemOnline Representative Consent form for Under 16's

We are unable to create a login for under 16 year old patients in their own right but if you are a parent/guardian of a 0-16 year old, then we can add this onto your SystemOnline account. If you wish to register your child aged between 14-16 years old; they will need to fill out the representative form below stating they are happy for you to do this on their behalf.

Please be aware that when you have requested a login for a child under 14 their access will be stopped automatically when they reach their 14<sup>th</sup> Birthday and they will need to fill out a new registration form themselves or the representative form stating they are happy for you to continue using this on their behalf. This access will continue until the patient turns 18 unless we are informed that they wish to have their own account.

We aim to protect our patients confidentiality at all times and when a patient reaches age 14 we then can give them the choice to deal with their own medical issues or continue to allow a parent or guardian to do this on their behalf.

### Declaration

I declare that this representative person's details below can obtain a SystemOnline login on my behalf and I understand that this representative will have the option to view part of my records online including medication and appointments.

### Patient Details

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email address: \_\_\_\_\_

(PLEASE STATE CLEARLY)

*(You will be sent a verification email when this has been added to your records so that you can reset your own password without needing to contact the practice)*

Patient Signature: \_\_\_\_\_

### Representative Details

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Representative Signature: \_\_\_\_\_

**Please provide at least 1 photo identification upon registering for this service from the patient or representative.**

The following ID is acceptable:

1. Passport
2. Driving License
3. Work ID
4. Bus Pass
5. Birth Certificate