

Confirmation of Residents Awareness of Care Home Access to Their Online GP Record

Name of the Care Home	Name of GP Practice

Section 1 – Residents details

1.1	First Name	
1.2	Surname	
1.3	NHS Number (if known)	
1.4	Date of Birth	
1.5	Gender	

1.6	Date access required from	
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Section 2 – Declaration

Please tick the statement which applies, then sign, date, scan and email from the Care Homes nhs.net email account to the GP Practices nhs.net email account.

	Statement	Please tick
Statement 1	The resident named above does NOT lack capacity and is aware that staff at the above Care Home will access this residents GP Record.	
Statement 2	This resident has a Lasting Power of Attorney for Health who is aware that staff at the above Care Home will access this residents GP Record.	
Statement 3	This resident lacks capacity and does NOT have a Lasting Power of Attorney for Health. The GP is therefore being asked to grant access under Best Interest.	

2.1	Signature	
2.2	Date	

Once completed and signed please email from the Care Homes nhs.net email account to the GP Practices nhs.net email account.

For practice use only

The patient's NHS number:		Patients D.O.B:	
Patients First Name:		Patients Surname:	
Basis for Granting Access: (tick relevant box)	Confirmation from Care Home that resident is aware (Statement 1)		<input type="checkbox"/>
	Confirmation from the Care Home that the resident lacks capacity and that the Lasting Power of Attorney for Health is aware (Statement 2)		<input type="checkbox"/>
	Resident lack capacity and does not have a Power of Attorney for Health. I (as the residents GP) am acting in the Best Interest of the resident. (Statement 3)		<input type="checkbox"/>
	Add notes if applicable:		
Access authorised by:		Date:	
Onset date:			
Date account created:			
Notes/comments:			