**Application for Online Access to my Detailed Coded Record (DCR)**

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| **Instructions:**Please complete the fields below and present it to reception along with 2 forms of ID (photo ID and proof of residence).**Approval Process:**Applications for this service may take up to 28 days subject to approval by a GP. However the surgery has the right to refuse an application based on the best interests if the patient. |

|  |  |
| --- | --- |
| Surname | Date of Birth |
| First name |
| Address Postcode |
| Email address |
| Telephone number | Mobile number |

## I wish to have access to the following online services (tick all that apply):

|  |  |
| --- | --- |
| 1. Booking appointments (available immediately)
 | 🞏 |
| 1. Requesting repeat prescriptions (available immediately)
 | 🞏 |
| 1. \*Accessing my medical record - (if required tick and complete section below)

***\*for all registered patients your account will be activated within 28 days. For new patients activation will not be applied until receipt of your previous NHS medical records.*** | 🞏 |

I wish to access my medical record online and understand and agree with each statement (please tick)

|  |  |
| --- | --- |
| 1. I have read and understood the information leaflet provided by the practice
 | 🞏 |
| 1. I will be responsible for the security of the information that I see or download
 | 🞏 |
| 1. If I choose to share my information with anyone else, this is at my own risk
 | 🞏 |
| 1. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement
 | 🞏 |
| 1. If I see information in my record that it not about me, or is inaccurate I will log out immediately and contact the practice as soon as possible
 | 🞏 |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

### For practice use only

|  |  |
| --- | --- |
| Patient NHS Number | Practice Computer ID Number |
| Identity verified by(initials) | Date | Method Vouching 🞏 Photo ID and proof of address 🞏  |
| Level of record access enabled Contractual minimum 🞏 Other 🞏 | Notes / commentsGP Approved for online access 🞏FP Declined for online access 🞏 |
| Code Added to patient record: Approved (9lw) 🞏 Declined (9lx) 🞏Clinical record checked by Dr ………………………………………….Date…………………………….Administration fields checked by ………………………………………Date……………………………. |