

Application for online access to view detailed coded information from my medical record - DCR form

Service provided for patients aged 16yrs and over

(Limited coded data view of your GP record including medication, diagnosis, examination findings, procedures, investigations and tests, demographic details but no free text or hospital letters, not suitable for insurance reporting purposes)

You will need to provide PHOTO ID with this registration form

And already hold or have applied for an online account for services such as appointments, and ordering of your repeat prescriptions.

Detailed coded access is an extension to online services please read information sheet for details

Surname		Date of birth	
First name			
Address			
Postcode			
Email address			
Telephone number		Mobile number	

I wish to access my medical record online have read and understand the Online Services Record Access Patient Information leaflet 'it's your choice' and understand and agree with each statement ticked below

1. I will create a strong password and keep it safe	<input checked="" type="checkbox"/>
2. I will be responsible for the security of the information that I see or download	<input checked="" type="checkbox"/>
3. If I choose to share my information with anyone else, this is at my own risk	<input checked="" type="checkbox"/>
4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	<input checked="" type="checkbox"/>
5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	<input checked="" type="checkbox"/>

Signature	Date
-----------	------

For practice use only

Patient NHS number		Patient record readcoded	
Identity verified by (initials)	Date	Method Photo ID and proof of residence <input type="checkbox"/> Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/>	
			Date