Application for access to detailed coded information from my medical record online
(Data Protection Act 1998 Access Request)

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

Please note:

- It will be your responsibility to keep your login details and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately.

- If you can't do this for some reason, we recommend that you contact the practice so that we can remove online access until you are able to reset your password.

- If you print out any information from your record, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.

- The practice may not be able to offer online access due to a number of reasons such as concerns that it could cause harm to physical or mental health or where there is reference to third parties. The practice has the right to remove online access to services for anyone that doesn't use them responsibly.

- If you think you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for access at this time.

- It's up to you whether or not you share your information with others – perhaps family members or carers. It's your choice, but also your responsibility to keep the information safe and secure.

If you would like Detailed Coded Record Access (DCRA) then please sign below and return this form. ID verification is required to ensure access is granted so you will need to provide us with your driving license or passport and a utility bill/bank statement. Once we have seen your ID, your request will then be given to your Doctor to approve. Upon approval this function will be added to your current online account and you will be contacted by our reception team who will advise you if the access has been granted.

I wish to have **Detailed Coded Record Access (DCRA)**	☐

Signature	Date

Practice use only

Identity verified by: **Method**: Vouching/Photo ID & proof of address (please delete)

ID Seen: Passport/driving license/Bank statement/Utility Bill (please delete as appropriate) **Date taken:**

Authorised by (GP): **Date:**

Date checked for accuracy and sensitivity by: **Date:**