

Quorn Medical Centre

Application for Online Access to my Detailed Medical Record - DCR (For patients with an existing online account)

Instructions:

Please complete the fields below and present it to reception along with 2 forms of ID e.g. photo ID and proof of residence. (Proof of residence must not be older than 3 months).

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 of the patient.

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

I wish to access my medical record online and understand and agree with each statement

1. I have read and understood the information leaflet provided by the Practice	<input type="checkbox"/>
2. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
3. If I choose to share my information with anyone else, this is at my own risk	<input 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 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 type="checkbox"/>

Signature	Date
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For Practice use only

Patient NHS number		Practice computer ID number	
Identity verified by (initials)	Date	Photo ID and proof of residence seen <input type="checkbox"/> Examples: Driving licence, passport, utility bill.	
Level of record access enabled:		Notes / explanation	
Prospective <input type="checkbox"/>		GP Approved for online access <input type="checkbox"/> GP Declined for online access <input type="checkbox"/>	
Retrospective <input type="checkbox"/>			
All <input type="checkbox"/>			
Contractual minimum <input type="checkbox"/>			
Limited parts <input type="checkbox"/>			
Code added to patient record: Approved (9lw) <input type="checkbox"/>		Declined (9lx) <input type="checkbox"/>	
Clinical Record checked by Dr _____		Date: _____	
Administration fields checked by _____		Date: _____	