

## Detailed Coded Records Access Form (DCRA Form)

Application for online access to my detailed coded medical record  
(over 18's only)

<b>Surname</b>	<b>Date of Birth</b>
<b>First Name</b>	<b>NHS Number</b>
<b>Address</b>	
<b>Post Code</b>	
<b>Telephone Number</b>	<b>Mobile Number</b>

I wish to access my medical record online and understand and agree with the following  
(please tick to acknowledge):

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. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	<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"/>
6. If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible.	<input type="checkbox"/>

<b>Signature</b>	<b>Date</b>

\*Please note a GP is required to check you application and this may take several weeks  
– you will be contacted once your request has been checked.

### For Practice Use Only

<b>Emis Number:-</b>  <b>Identity Verified By:</b>  <b>Date:</b>	Two forms of documentation must be provided as evidence of identity, one must contain a photo. Acceptable documents - passports, photo driving licences and bank statements, but not bills  Confirm which two documents have been seen to verify identification:-  1.  2.
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**GP use only**

**Detailed Access**

The record needs to be checked for sensitive information appropriateness of access for patient.

GP Check By:	Result of GP Check:
Date:	Record Suitable for Access <input type="checkbox"/>
	Record <b>NOT</b> Suitable for Access <input type="checkbox"/>

If not suitable state reason - contact the patient to discuss

Patient contacted by GP (Name):-

Date:-

If suitable add the following options to patient services:

Laboratory Tests, Immunisations, Problems, Consultations

Access granted by Business Manager / Operations Manager (please specify):

Date:-

Patient contacted by:-

Date:-

\*Once completed and patient informed scan to patient record