

## Appendix A - Consent for Patient Access to their Detailed Coded Record (DCR)

<b>Surname:</b>	<b>Forename(s):</b>
<b>Date of birth:</b>	<b>Gender:</b>
<b>Address:</b>	
<b>Postcode:</b>	
<b>Tel. number:</b>	<b>Mobile number:</b>

**I would like to request on-line access to my Detailed Coded Record (DCR). This will allow me to see records of my health problems, medications, laboratory test results, documents, allergies, consultations and immunisations.**

**Please read each of the statements 1 to 5 and declare your agreement by ticking the ...**

1	I have read and understood the Patient Information Leaflet (Appendix C) provided by the Health Centre	<input type="checkbox"/>
2	I will be responsible for the information I see on-line or download	<input type="checkbox"/>
3	If I choose to share my information with anyone else this is done at my own risk	<input type="checkbox"/>
4	I will contact the Health Centre as soon as possible if I suspect that my account has been accessed by someone else without my agreement	<input type="checkbox"/>
5	I will contact the Health Centre as soon as possible if I see information in my record which is not about me or is inaccurate. I will treat any information which is not about me as being strictly confidential.	<input type="checkbox"/>

<b>Signature:</b>	<b>Date:</b>
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For Health Centre use only			
<b>Patient EMIS #</b>		<b>Patient NHS #</b>	
<b>Identity Verification</b>	<b>By:</b>	<b>Vouching by Member of Staff:</b>	<input type="checkbox"/>
	<b>Date:</b>	<b>Vouching Against Information in the Care Record:</b>	<input type="checkbox"/>
		<b>Photo ID and Proof of Residence:</b>	<input type="checkbox"/>
<b>Reviewed</b>	<b>By:</b>	<b>Authorised</b>	<b>By:</b>
	<b>Date:</b>		<b>Date:</b>
<b>Notes</b>			<b>Approve</b>
			<input type="checkbox"/>
			<b>Decline</b>
			<input type="checkbox"/>