## **Highgate Medical Centre**

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

Instructions: Please complete the field: (photo ID and proof of res	• • • • • • • • • • • • • • • • • • •	resent it to reception along with 2	forms of ID	
		o to 28 days subject to approval be plication based on the best intere		
Surname		Date of birth		
First name		Date of Siltin		
Address		Postcode		
Email address		1		
Telephone number Mobile number				
I wish to access my medica	I record online	and understand and agree with each	n statement	
		ormation leaflet provided by the Prac		
2. I will be responsible for the security of the information that I see or download				
<ul> <li>3. If I choose to share my information with anyone else, this is at my own risk</li> <li>4. I will contact the Practice as soon as possible if I suspect that my account</li> </ul>				
has been accessed by someone without my agreement				
<ol><li>If I see information in my record that is not about me or is inaccontact the Practice as soon as possible</li></ol>			will $\square$	
Signature		Date		
For Practice use only				
Patient NHS number		Practice computer ID number		
Identity verified by	Date	Photo ID and proof of residence seen □		
(initials)		Examples: Driving licence, passport, utility bill.		
Level of record access ena	F	Prospective   Retrospective   All   Limited parts   ual minimum	Notes / explanation	
Code added to patient reco		•		
Clinical Record checked by Dr		Date:		