**Widcombe Surgery**

**Application for online access to Detail Coded Record**

|  |  |
| --- | --- |
| Surname: | Date of Birth: |
| First Name: |  |
| Address:Postcode: |
| Tel Number: | Mobile Number:  |

|  |  |
| --- | --- |
| I wish to access my online detail coded record |  |

I understand and agree with each statement (tick)

|  |  |
| --- | --- |
| 1. I have read and understood the information leaflet provided by the practice
 |  |
| 1. I will be responsible for the security of the information that I see or download
 |  |
| 1. If I choose to share my information with anyone else, this is at my own risk.
 |  |
| 1. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible.
 |  |
| 1. If I see information in my record that is not about me or is inaccurate, I will contact the practice.
 |  |
| 1. 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.
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|  |  |
| --- | --- |
| Signature: | Date: |

**For Practice Use only**

|  |  |  |
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| **Identity verified by (initials)** | **Date:** | **ID Provided – please tick****Driving Licence** **Bank Statement****Passport****Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **GP:** | **Date:** |
| **Review Completed by GP:****Access granted / Access declined**  | **Reason given if access declined.**  |
| **Admin confirmation that access has been updated on System One**  | **Initials:**  |