**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. |  |

|  |  |
| --- | --- |
| Signature: | Date: |

**For Practice Use only**

|  |  |  |
| --- | --- | --- |
| **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:** |