**ACCESS LEVELS – DETAIL CODED RECORD**

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| --- | --- | --- | --- |
| **FULL NAME** |  | **DATE OF BIRTH** |  |

DCR access is useful for viewing details of your medical record and can help you manage medical conditions. DCR access is helpful for everyone but especially for patients with long term conditions (such as hypertension, coronary heart disease or diabetes). DCR access can help you understand what was said during appointments you have with a healthcare professional. In addition, DCR access also allows you to view your most recent test results. Furthermore, DCR access can be particularly useful for ensuring that your medical information is accurate – if there is anything incorrect or missing, you can notify the Doctor.

However, whilst there are many advantages to DCR access, there are also some important points to consider when deciding whether or not to apply for it, as summarised below.

A benefit of DCR access if that you can view your record whenever you choose at your convenience and may be able to answer some questions you have by viewing your record, rather than having to make a Doctor’s appointment. However, your medical record is written to help healthcare professionals care for you, therefore some of what you see might be written in technical terms which might not make sense. If there is something you see that you don’t understand or are concerned about, make an appointment to see the Doctor who will be able to explain further. You can also use the ‘NHS Choices’ website, <http://www.nhs.uk/pages/home.aspx>, which provides a plethora of information on illnesses and ways to improve your health.

As mentioned, one of the benefits of DCR access is the ability to view test results. However, this may be before the Doctor has had a chance to review them and you may be concerned by their appearance – not all results that look ‘abnormal’ are something for patients to be concerned about – a useful source of information to assist in interpreting test results is <http://labtestsonline.org.uk/>.

You will be able to see most of the information in your record, but not all of it. The Doctor will decide what access will be granted and may feel it is not in your best interests to view parts or all of your record (this is rarely the case but it may be necessary if the Doctor feels that the details within your record may be harmful or upsetting to you or if it is suspected that someone is forcing you to give them access to your record).

The enclosed information leaflet provides more information about viewing your medical record, and should be read in conjunction with signing the below declaration.

Please read the attached information and complete the following declaration which confirms you understand each statement below (please circle response as appropriate):

|  |  |
| --- | --- |
| 1. I have read and understood the information leaflet provided by the practice | **YES / NO** |
| 2. I will be responsible for the security of the information that I see or download | **YES / NO** |
| 3. If I choose to share my information with anyone else, this is at my own risk | **YES / NO** |
| 4. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible | **YES / NO** |
| 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 | **YES / NO** |
| 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.  | **YES / NO** |

Please sign the below to confirm you have read the attached information over the page and agree with the following statement:

“***I WISH TO HAVE ACCESS TO MY GP MEDICAL RECORDS IN THE FORM OF MY DETAILED CODED RECORD***”

|  |  |  |  |
| --- | --- | --- | --- |
| **SIGNATURE** | **PLEASE SIGN HERE** | **DATE** | **XX / XX / XXXX** |

**FOR PRACTICE USE ONLY (PLEASE TICK, INITIAL AND DATE)**

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| *TASK* | *TICK* | *INITIAL* | *DATE* | *TASK* | *TICK* | *INITIAL* | *DATE* |
| **#934400 ENTERED (IF APPLICABLE)** |  |  |  | **DCR REVIEW UPDATED** |  |  |  |
| **DCR ENABLED IN REGISTRATIONS** |  |  |  | **FORM SCANNED TO NOTES** |  |  |  |
| **RECORDS ACCESS TO BE ENABLED****(PLEASE CIRCLE)** | *FULL / PARTIAL* | **NOTES** |  |