

**Patient Access  
Detailed Coded Record  
Request Form**

Prior to any request for your Detailed Coded Record, you must have already registered for Patient Access Online.

All requests are assessed by a clinician on a case by case basis and may take up to 21 days. Access to your Detailed Coded Record **may** or **may not** be granted following this assessment.

Please consider the following when requesting your Detailed Coded record such as forgotten history, abnormal results or bad news. Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your medical record may be highly technical, written by specialists and not easily understood.

If you are granted access to your Detailed Coded Record and you then see an entry which you feel is incorrect, please log your concerns with our Data Quality Officer.

I would like to request access to my Detailed Coded Record.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

You will be informed by email once your assessment is complete.

Email: \_\_\_\_\_

Date of Request: \_\_\_\_\_

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**For Office Use Only:**

Seen by Dr \_\_\_\_\_ Review date \_\_\_\_\_

Agree/Not agree to DCR: Comments \_\_\_\_\_