



## Authorisation to Recover Passwords from MedicalDirector Applications

Date: \_\_\_\_\_

I am the owner of the data from the follow Practice:

Practice Name: \_\_\_\_\_

Practice ID: \_\_\_\_\_

I authorise the recovery of the password(s) from the database.

The password(s) may be given to \_\_\_\_\_

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

Name: (please print) \_\_\_\_\_

*For Helix sites, please also provide the following information.*

| Helix User ID | Username and Role in Helix |
|---------------|----------------------------|
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