

## Patient Consent Form for Shared Patient Records

This GP practice is able to share your electronic GP record with healthcare professionals caring for you elsewhere (e.g. in community, hospital or urgent care services) where there same information system is used. This may help in your care and may save you from needing to remember your medical history and medications. ***Everyone looking at your record, whether on paper or computer, is required by law and the NHS code of confidentiality, to keep your information confidential.***

**You can choose whether to share your electronic record with other services. You can choose whether information from these other services is shared with the GP Practice.**

**A leaflet explaining more about your choices is available from reception.**

Please answer the following questions:

1. Do you consent to the information that is record by this GP Practice being made available to other NHS care services that care for you?

YES - This means that health care professionals working in health services that care for you WILL be able to see the information about you.

NO - This means that health care professionals working in health services that care for you will NOT be able to see the information about you.

2. Do you consent to allow this GP Practice to view information about you that has been recorded at other care services where you also receive care?

YES - This means this GP Practice WILL be able to see information recorded about you by health care professionals working in other health services that care for you.

NO - This means this GP Practice will be NOT able to see information recorded about you by health care professionals working in other health care settings.

**Please be aware** that the decisions recorded on this form do not affect any decisions you may have made about having a Summary Care Record created for you. The Summary Care Record contains a limited set of key information about your health and is available to Health Professionals treating you in an urgent or emergency care situation. If you would like information about the Summary Care Record please ask at reception.

Name:

Address:

Signature:

Date:

If you are completing this form on behalf of another person please provide:

Name of patient:

Relationship to patient: