Patient Consent Form

We recognise the importance of protecting personal and confidential information in all that we do, and we will take care to meet our legal duties, as the law determines how organisations can use the personal information that we collect.

To support our statutory obligations, we must inform you of who we will share the information with and allow you to determine whether or not you wish us to share the information that we have recorded about you within your patient record. You have the right to withdraw consent at any time and also to change who you wish to share your information with. Should this be the case, we will inform the relevant partner organisations and advise them of your decision.

I, ………………………………………………………………………………………………………….

**(Print name and date of birth)** give/does not give **(delete as appropriate)** consent for my information to be shared to discuss the care that is provided to identify services and resources which could support my health and wellbeing. For young children and babies please state **their** name.

For further information on who we share with and what steps we take to protect the information we hold, please see our Fair Processing (Privacy) Notice.

Please tick against each set of data set identifying if you wish/do not wish to share data

|  |  |  |
| --- | --- | --- |
| Record Sharing Initiative | I hereby give consent for my information to be shared | I do not give consent for my information to be shared |
| Summary Care Record |  |  |
| Local Shared Care Record (local providers only) |  |  |
|  |  |  |

For Staff Use Only

Please ensure that the referring organisation is removed from the list of options above.

Ensure that a copy is scanned onto the patient medical record and share with the appropriate organisations.

Should the above named patient indicate that they wish to amend the organisations that they have consented to share with or that they have withdrawn consent completely, please ensure that a new form is completed with the revised choices and then share and store as previous.

PTO.

**PERSONAL MEDICAL DATA: A QUICK GUIDE**

It is quite easy to become swamped or confused by information regarding our own personal medical data and the rules regarding who has and does not have access to it. This is even more complicated as there are now three levels of record being kept about every NHS patient. The following may help to ease the confusion.

**Summary Care Record:** This is specific to you and your health care. Everyone from birth has a FULL medical record that can be accessed and added to by the GP and healthcare professionals at the practice they are registered with. A SUMMARY Care Record (SCR) is a summary of that full record and includes medications taken in one year, any allergies and sensitivities. This can be accessed by medical professionals in hospitals or in the Out Of Hours Service. Patients with online access can now see their own SCR using SystemOne online.

**Shared Care Record:** This is a new sort of record sharing and will allow all medical professionals (hospital doctors, paramedics, physiotherapists etc) access to full medical records when needed, either in an emergency or when the care is required. Patients will ALWAYS be asked for permission to do this, every time it is needed. You can choose or refuse to allow permission at each occasion or you can decline consent generally.

Separate forms are available to decline permission for any or all of these at reception.

**PLEASE BE AWARE THAT IF YOU DO NOT STATE YOUR PREFERENCE ON THIS FORM WITHIN A MONTH YOU WILL HAVE IMPLIED CONSENT TO HAVE YOUR RECORDS SHARED**