

NEW COURT SURGERY

PERSONAL CONFIDENTIAL DATA UPLOAD PERMISSION

YOUR NAME D.O.B.....

We offer patients the choice of having a Summary Care Record.

The new NHS Summary Care Record has been introduced to help deliver better and safer care and give you more choice about who you share your healthcare information with.

WHAT IS THE NHS SUMMARY CARE RECORD

The Summary Care Record contains basic information about:-

- * any allergies you may have
- * unexpected reactions to medications
- * and any prescriptions you may have recently received

The intention is to help clinicians in A & E Departments and 'Out of Hours' health services to give you a safe, timely and effective treatment. Clinicians will only be allowed to access your record if they are authorised to do so and, even then, only if you give your express permission. You will be asked if healthcare staff can look at your Summary Care Record every time they need to, unless it is an emergency, i.e if you were unconscious. You may refuse if you think access is unnecessary.

CHILDREN UNDER THE AGE OF 16

Patients under 16 years will not receive this form, but will have a Summary Care Record created for them unless their GP Surgery is advised otherwise. If you are the Parent or Guardian of a child then please either make this information available to them or decide and act on their behalf. Ask the Surgery for additional forms if you want to opt them out.

You do not have to have a Summary Care Record, although you are strongly recommended to consider this choice. If you are happy for a Summary Care Record to be set up for you then you do not need to take any further action. If you want to opt out now please tick the box below and return it to Reception as soon as possible.

IF YOU WANT A SUMMARY CARE RECORD PLEASE DESTROY THIS FORM

Please tick the box and sign below if you DO NOT WANT a Summary Care Record and return to the Receptionist

NO I DO NOT WANT A SUMMARY CARE RECORD

DATE _____

SIGNED _____

HAND THIS FORM INTO THE SURGERY ONLY IF YOU WISH TO 'OPT OUT'

For more information visit www.nhscarerecords.nhs.uk or call if you cannot find the answers to your questions
☎ 0300 123 3020

PLEASE READ THE FOLLOWING INFORMATION LEAFLET ABOUT HOW YOUR PERSONAL INFORMATION CAN HELP TO PROVIDE BETTER CARE BEFORE FILLING IN THIS FORM.

If you are happy for NHS England to extract, store and use your personal information then you do not need to do anything.

If you do not wish your information to be extracted then please let us know by filling in the form below.

NAME _____

D.O.B. _____

ADDRESS _____

You have the right to prevent confidential information about you being shared or used for any purpose other than providing your care, except in special circumstances. If you do not want information that identifies you to be shared outside your GP practice, ask your practice to make a note of this in your medical record. This will prevent your confidential information being used other than when necessary by law. (i.e if there is a public health emergency)

If you want us to note this on your record please tick the box Office use code XaZ89

You will also be able to restrict the use of information held by other places your receive care, such as hospitals and Community Services.

If you want us to note this on your record please tick the box Office use code XaaVL

Signed _____ Date _____

If you want to change your mind regarding these decisions about your personal data in the future you can do so using this part of the form

I would like to withdraw dissent from secondary use of GP patient identifiable data
Office use code XaZ8A

I would like to withdraw dissent from disclosure of personal confidential data by Health and Social Care Information Centre Office use code XaaVM

Signed _____ Date _____