Patient Options form

Advancement in IT Technology now means that GP Clinical Systems now have the ability to share electronic data about you with other clinical services. By completing this form you can decide if you want to take part in sharing of data with other health care clinicians.

Currently there are three different ways that we can share your data and you have the option to opt out of each of the following options:

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| **Summary Care Record**  This is a national programme and is available throughout England. A snapshot of your Medication, Allergies and any Medicines that may react with each other, are made available with your permission to the clinician looking after you at that time. Please confirm your preferences below by ticking the appropriate box. | |
| I express my consent for medication, allergies and adverse reactions only current medications via Summary Care Record  9Ndm |  |
| I express my consent for medication, allergies and adverse reactions AND ADDITIONAL INFORMATION  9Ndn |  |
| I express my dissent to opt out of the Summary Care Record  9ndo |  |
| ONLY FOR PATIENTS WHO HAVE PREVIOUSLY OPTED OUT  I express my consent to opt back into Summary Care Record  9ndl |  |

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| **HSCIC Care Data**  It is a legal requirement for the practice to supply information about our patient’s to NHS England. This will allow NHS England to gain a better understanding of the health care needs in your area. An element of Identifiable information will be needed for this sharing, so that NHS England can report back to your GP Practice. This information will **not** include your name, but will include your postcode and NHS number | |
| I am happy for Care.data to have access to codes applied to my record, so that NHS England can gain a better understanding of my health care needs. |  |
| I am **not** happy for my GP practice to send information about me to Care.data  9NU4 and 9Nu0 |  |

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| To my GP Practice:  Please accept this form and my opinions around the various types of data sharing, and enter my decisions on my GP patient record. | |
| Signed:  Name:  DOB: | Date: |