

Data Sharing Options

Patient to complete:

*(If you are filling out this form on behalf of a child, please ensure you fill out their details here)*

|  |  |
| --- | --- |
| Title: | Surname: |
| Forenames: |  |
| Address: |
|  |
| Postcode: | Phone Number: |
| Date of Birth: |  |

Your details (If signing on behalf of patient)

|  |  |
| --- | --- |
| Your name: | Your signature: |
| Relationship to patient: |

Summary Care Records (SCRs) enable healthcare professionals working in different care settings to access an electronic summary of key information from a patient’s GP record. Currently, SCRs are widely used across NHS urgent and emergency care, such as NHS 111, 999 and Accident & Emergency Departments. However, the SCR may also be used in planned care to provide up to date clinical information.

-If you choose to have a ‘standard’ Summary Care Record, it will automatically contain important information about any medicines you are taking, any allergies you suffer from and any bad reactions to medicines that you have previously experienced.

-You can also choose to add ‘enhanced information’ to your Summary Care Record. This will include significant medical history and details about immunisations, your information and / or communication needs and your personal preferences.

Please tick ONE to indicate your Summary Care Record choice.

|  |  |
| --- | --- |
| Patient Consents to sharing the **standard** detailed record |  |
| Patient Consents to sharing an **enhanced** record |  |
| Patient **DOES NOT** wish to share the detailed record |  |
| If you are a **Diabetic**: Do you consent to Lightwater Surgery sharing your details with the National Diabetes Audit? | Yes / No |

Lightwater Surgery would like to be able to contact you, via email and text message, for screening invitations, appointment reminders, letters etc. If you consent to this, please add your personal email address and mobile number here.

|  |
| --- |
| Email address: |
| Mobile phone number: |

Signed: ………………………………………. Date: ……………………