

Consent to Share Medical Records

If you are filling out this form on behalf of another person or child, the practice will consider this request. Please ensure you fill out their details in section A and your details in section B.

Please complete in BLOCK CAPITALS

A. Please complete the following for the patient wishing to give consent/dissent.

Forename(s): Surname:

Address:

.....

Postcode: Phone No:

Date of birth: NHS number (if known):

B. If you are not the person named in section A, please complete this section.

Your name:

Date of birth:

Relationship to patient:

C. How the NHS will use your Data

The following questions allow you to tell us how you would like Norton Medical Centre to **share your medical records with other NHS organisations**. If you leave any question unanswered, we will not make any changes to your record. Any previous sharing preferences you have given will remain in place. If you have not expressed a preference previously, the default options will be applied.

Please note that the practice also sends anonymous data to Public Health England for the early warning and monitoring of public health and seasonal outbreaks of diseases such as influenza, and to aid response to incidents where the health of the population is at risk.

If you require more information about data sharing please ask Reception for some information leaflets or visit our website: www.nortonmedicalcentre.nhs.uk/datasharing.shtml.

Do you consent to Norton Medical Centre **sharing your medical records** with other NHS organisations caring for you, for the purposes of **healthcare**? This is known as **sharing out**. Default setting: No

YES NO

Do you consent to Norton Medical Centre **viewing the medical records** shared by other NHS organisations caring for you, for the purposes of **healthcare**? This is known as **sharing in**. Default setting: No

YES NO

Do you consent to Norton Medical Centre **sharing information about your medication and allergies** with Secondary Care services (hospitals), for the purposes of **healthcare**? This is known as a **Summary Care Record**. Default setting: Yes

YES NO

Do you consent to Norton Medical Centre **sharing identifiable information** (NHS number, date of birth, gender, and post code) with NHS England for the purposes of **medical research**?

This is known as **care.data**. Default setting: Yes

YES NO

Your signature: **Date:**