

NETTLEHAM MEDICAL PRACTICE
Enhanced Sharing (Confidential)

A. Please complete in BLOCK CAPITALS with Patients Details

Title: Surname / Family Name:

Forename(s): Date of Birth:

Signature:

PLEASE TICK THE STATEMENT THAT APPLIES TO YOU IN EACH SECTION

SHARING OUT

Do you consent to the sharing of data recorded here with any other organisations that may care for you?

YES – SHARE DATA WITH OTHER ORGANISATIONS

I would like my health record at this practice to be able to be shared with other healthcare services providing care for me.

NO – DO NOT SHARE ANY DATA RECORDED HERE

I do not want my health record at this practice to be able to be shared with other healthcare services providing care for me.

SHARING IN

Do you consent to the viewing of data by this organisation that is recorded at other care services that may care for you, where you have agreed to make the data able to be shared?

YES – CONSENT GIVEN

I would like this practice to be able to view information in my health record that has been recorded by other healthcare services

NO – CONSENT REFUSED

I do not want this practice to be able to view information in my health record that has been recorded by other healthcare services

B. If you are answering these questions on behalf of another person or a child, the GP will consider this response. Please ensure you fill out their details in section A and your details in section B

Please Note: You may only fill out this form on behalf of another person in the following cases:

1. if that person is either under 16 years old and you are their parent or guardian
2. or if you have power of attorney (health & welfare) for that person

Your Name: Your Signature:

Relationship to Patient: Date:

Reason for you completing this form:

For more information about Enhanced Sharing, please visit our website at:

<http://www.nettlehammedical.co.uk/>

YOUR HEALTH RECORD AND SHARING OF INFORMATION

Please read this leaflet carefully. It provides information about the choices you can make about sharing your health record.

Today, electronic records are kept in all the places where you receive healthcare. These NHS Care Services (including but not limited to GP surgeries, district nurses, health visitors, Out of Hours GP services, podiatrists, social care and child health) can usually only share information from your records by letter email, fax or phone. At times, this can slow down your treatment and mean information is hard to access.

Your GP practice uses a secure computer system called SystemOne that allows the sharing of full electronic records across different NHS Care Services. We are telling you about this as a patient at this practice as you have a choice to make about how your practice shares information about your care from your electronic patient record. This form is not about your Summary Care Record (SCR), it is asking your sharing preferences regarding your full electronic GP record. You can choose to share or not to share your electronic GP record with other NHS Care Services. You will be asked to give consent by each care team before they are able to access any shared data.

You have **two choices** which allow you to control how your record is shared. You can change these choices at any time by letting the relevant practice or service know.

Please read this leaflet and fill in your choices on the form on the reverse.

Please note: if you have previously opted out of sharing your information via the Summary Care Record, you will still need to tell us your choices about sharing your health record.

YOUR CHOICES AT EACH PRACTICE OR SERVICE

Sharing OUT - This controls whether your information recorded at this practice can be shared with other healthcare services.

Sharing IN - This determines whether or not this practice can view information in your record that has been entered by other services who are providing care for you, or who may provide care for you in the future.

Imagine you're receiving care from three services: your GP, a district nurse and a smoking clinic. You want your GP and District Nurse to share information with each other and you want both of them to know your progress at the smoking clinic. However, you don't want the smoking clinic to see any of your other medical information. Your sharing choices at each practice or service would be:

- ◆ The GP can share information IN and OUT
- ◆ The district nurse can share IN and OUT
- ◆ The smoking clinic can only share information OUT but not IN.

You can change your choices at any time. Let each practice or service know.

Note: You can request individual entries in your record to be marked as 'Private'. These are not shared with the rest of your record even if you choose to share out.

If due to a physical impairment you are unable to complete this form and you have a carer/ family member who can act on your behalf please ask them to discuss your preferences with your GP Surgery