

Information for new patients: about your Summary Care Record

Dear patient,

If you are registered with a GP practice in England, you will already have a Summary Care Record (SCR), unless you have previously chosen not to have one. It will contain key information about the medicines you are taking, allergies you suffer from and any adverse reactions to medicines you have had in the past.

Information about your healthcare may not be routinely shared across different healthcare organisations and systems. You may need to be treated by health and care professionals who do not know your medical history. Essential details about your healthcare can be difficult to remember, particularly when you are unwell or have complex care needs.

Having a Summary Care Record can help by providing healthcare staff treating you with vital information from your health record. This will help the staff involved in your care make better and safer decisions about how best to treat you.

You have a choice

You have the choice of what information you would like to share and with whom. Authorised healthcare staff can only view your SCR with your permission. The information shared will solely be used for the benefit of your care:

Your options are outlined below; please indicate your choice on the form overleaf.

- Express consent for medication, allergies and adverse reactions only.
 You wish to share information about medication, allergies for adverse reactions only.
- Express consent for medication, allergies, adverse reactions and additional information. You wish to share information about medication, allergies for adverse reactions and further medical information that includes: your illnesses and health problems, operations and vaccinations you have had in the past, how you would like to be treated (such as where you would prefer to receive care), what support you might need and who should be contacted for more information about you.
- Express dissent for Summary Care Record (opt out). Select this option, if you DO NOT want any information shared with other healthcare professionals involved in your care.

If you chose not to complete this consent form, a core Summary Care Record (SCR) will be created for you, which will contain only medications, allergies and adverse reactions.

Once you have completed the consent form, please return it to your GP practice. You are free to change your decision at any time by informing your GP practice.

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Summary Care Record patient consent form

Having read the above information regarding your choices, please choose one of the options below and return the completed form to your GP practice:

Yes - I would like a Summary Care Ro	ecord
☐ Express consent for medication, aller	gies and adverse reactions only.
☐ Express consent for medication, allerginformation.	gles, adverse reactions and additional
No - I would <u>not</u> like a Summary Care ☐ Express dissent for Summary Care Re	Record ecord (opt out).
Name of patient:	
Date of birth:	Patient's postcode:
Surgery name:	Surgery location (Town):
NHS number (if known):	
Signature:	
If you are filling out this form on behalf of out their details above; you sign the form	another person, please ensure that you fill above and provide your details below.
Name:	
Please circle one:	
	Guardian Lasting power of attorney for health and welfare
For more information, please visit https://wrecords/patients , call NHS Digital on 0300	Assur digital phaselete
For GP practice use only	
To update the patient's consent status, use the SC elevant option or add the appropriate read code from	R consent preference dialogue box and select the ontions below.
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Summary Care Record consent preference	Read.2	CTV3
The patient wants a core Summary Care Record (express consent for medication, allergies and adverse reactions only)	9Ndm.	ХаХьү
information (express consent for medication, allergies, adverse reactions and additional information)	9Ndn.	XaXbZ
The patient does not want to have a Summary Care Record (express dissent for Summary Care Record – opt out)	9Ndo.	XaXj6

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Drs Sastry & Rodriguez The New Surgery, Mexborough

Application for online access to	o my medical reco	ora ·				•	
Surname:	First	name					
Date of birth:					<u></u>	——— ,	
Address:							
Email address:		· · .					
	Mol	bile nu	mber:				
Telephone number:				<u> </u>			
I wish to have access to the follo	wing online service	s (plea	se tick all tha	t apply):			
Booking appointments							
2. Requesting repeat prescription	ns						
3. Accessing my medical records				<u> </u>			
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I wish to access my medical reco	ord online and unde	erstand	and agree w	ith each s	tatement (tick):	
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a see I he shows my inform	ontion with anyone.	else, t	nis is at my or	W 11 11 11 11 11 11 11 11 11 11 11 11 11			
4. I will contact the practice as s	soon as possible if l	suspe	t that my acc	ount nas i	peen		
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5. If I see information in my rec	ord that is not abou	it me d	or is inaccurat	e, : will co	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, U ,	
practice as soon as possible							
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Signature:			<u>, , , , , , , , , , , , , , , , , , , </u>	<u></u>			
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For Practice use only							
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Authorised by:				Date:			
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Date account created:			· · · · · · · · · · · · · · · · · · ·		volanation		
Level of record access enable:			• "	Notes/e	xplanation	,	
Prospective Retrospective							
All Limited Parts							
Contractual Minimum			_				

