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**Consent to Share Confidential Information (inc. Online) with a Third Party  
 Reepham & Aylsham Medical Practice – Patient Information Leaflet**

Practices are increasingly enabling patients to be able to request repeat prescriptions and book appointments online.

Some patients may wish to access more information online and from 1<sup>st</sup> April 2017 patients are now able to view medical record ‘free text’ entries and communications which have been added to your record since that date. However, in requesting this access we ask you make additional considerations as outlined in this leaflet.

**Sharing your Information with a 3<sup>rd</sup> party**

It is up to you whether you share your information with others – perhaps family members or carers. It is your choice but also your responsibility to keep the information safe and secure.

Access can be granted to a primary carer e.g., parent of a child’s medical records up until 12yrs of age. After this and as per data protection laws it is appropriate to consider the consent (if competent) of the child to give access or dissent to refuse access of their records to others and therefore at this point a review of access will need to take place.

It is your responsibility to inform us if you wish to change permissions previously granted to any 3<sup>rd</sup> party and important that the considerations given here are made before filling in the consent form below.

<b>Key Considerations</b>
<b>Forgotten History</b> There may be something you have forgotten about in your record that you might find upsetting
<b>Abnormal Results or Bad News</b> If your GP has given you access to test results of letters, you may see something that you find upsetting to you. This may occur before you have spoken to your doctor or while the surgery is closed and you are unable to contact them
<b>Coercion</b> If you think you may be being pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for access at this time
<b>Misunderstood Information</b> Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your medical record may be highly technical, written by specialists and not easily understood. Please contact the surgery for a clearer explanation
<b>Information about someone else</b> If you spot something in your record that is not about you or notice any other errors, please log out of the system immediately and contact the practice as soon as possible.
<i>For more information about keeping your healthcare records safe and secure please visit</i> <a href="https://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf">https://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf</a>

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**Consent to Share Confidential Information with a Third Party (Child 12-16yr)**

The Data Protection Act 1998 and the ethical codes of conduct of all health care professionals require that medical data be treated with great respect for confidentiality. We are not permitted to share any medical details with a third party without your consent

**Patient Details:**

Patient Name:	
Date of Birth:	
NHS Number:	

**I give consent to the sharing of my medical information with:**

Full Name	
DOB	
Contact Telephone Number	
Relationship to patient	

**What type of information can be shared (NB: This may include sensitive information)?**

Test Results	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Appointment Information	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Medications	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Summary Care Record	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Please tell us if this consent is permanent or for a short period of time:**

Up to 16 <sup>th</sup> birthday	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, please state - Start Date:		End Date:

**I give consent for the above information to be shared through a proxy online account (to be completed for online access requests only)**

3 <sup>rd</sup> Party online access	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, please state End Date:		
I can confirm I have read and understood the 'Consent to Share Confidential Information Online with a Third Party Reepham & Aylsham Medical Practice – Patient Information Leaflet' information provided with this form	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I can confirm I understood: <ul style="list-style-type: none"> <li>It is my responsibility to contact the practice to request a change to permissions</li> <li>I can inform any clinician at any appointment to mark my record as private and/or to remove individually from my online account</li> </ul>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Patient Signature: ..... Date .....

Print Name: .....