

Dr. C Pearce
Dr. P. Ayling
Dr. P. Ager
Dr.V.Talboys



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 1st April 2017 patients are now able to view medical record 'freetext' 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 3rd party

It is up to you whether or not 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 child's records on providing evidence of their relationship as primary carer e.g. parent. **Please note access will automatically stop at age 12yr** as it is deemed appropriate under data protection laws to consider the consent (if competent) of the child 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 3rd party and important that the considerations given here are made before filling in the consent form below.

Key Considerations

Forgotten History

There may be something you have forgotten about in your record that you might find upsetting

Abnormal Results or Bad News

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

Coercion

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

Misunderstood Information

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

Information about someone else

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.

For more information about keeping your healthcare records safe and secure please visit

<https://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf>

Dr. C Pearce
 Dr. P. Ayling
 Dr. P. Ager
 Dr.V.Talboys



Consent to Share Confidential Information with a Third Party (ADULT)

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)?

All	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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"/>

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

Permanent	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, please state 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 rd Party online access	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If no, please state - Start Date: 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"> It is my responsibility to make contact with the practice to request a change to permissions I can inform any clinician at any appointment to mark my record as private and/or to remove individually from my online account 	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Patient Signature: **Date**

Print Name: