

Patient Options form

Advancement in IT Technology now means that GP Clinical Systems now have the ability to share electronic data about you with other clinical services. By completing this form you can decide if you want to take part in sharing of data with other health care clinicians.

Currently there are three different ways that we can share your data and you have the option to opt out of each of the following options:

Local Data Sharing Local services such as District Nurses, Community Matrons and some hospital services.	
I am happy for clinicians who look after my care outside of my GP practice to ask me for permission to access an up to date version of my personal record	<input type="checkbox"/>
I am not happy for clinicians outside my GP practice to access my personal record	<input type="checkbox"/>

Summary Care Record This is a national programme and is available throughout England. A snapshot of your Medication, Allergies and any Medicines that may react with each other, are made available with your permission to the clinician looking after you at that time.	
I am happy for clinicians who can access a view to my current medications via Summary Care Record	<input type="checkbox"/>
I am not happy for clinicians outside my GP practice to access my current medications via Summary Care Record	<input type="checkbox"/>

Care.data It is a legal requirement for the practice to supply information about our patient's to NHS England. This will allow NHS England to gain a better understanding of the health care needs in your area. An element of Identifiable information will be needed for this sharing, so that NHS England can report back to your GP Practice. This information will not include your name, but will include your postcode and NHS number	
I am happy for Care.data to have access to codes applied to my record, so that NHS England can gain a better understanding of my health care needs.	<input type="checkbox"/>
I am not happy for my GP practice to send information about me to Care.data	<input type="checkbox"/>

To my GP Practice: Please accept this form and my opinions around the various types of data sharing, and enter my decisions on my GP patient record.	
Signed:	Date: