Grange Farm
Medical Centre

Your Medical Records & Information Sharing

Personal Details

Title:_____ Date of Birth: _____

First Name: _____ Surname: _____

Contact Details

Home Telephone:_____Mobile: _____

Email: _____

Online Services

I would like to register for:

Text messaging (appointment confirmation and reminders, health information and review) YES / NO (please delete as appropriate)

Email and access to Online Services (make/cancel appointments, order repeat prescriptions, access to medical record

YES / NO (please delete as appropriate)

Summary Care Record (an electronic medical record containing key health information available to NHS healthcare staff caring for you in an emergency or when a GP practice is closed)
YES / NO (please delete as required. If no please ask for an opt out form from Reception)

Information Sharing

I_____have today been given the opportunity to discuss sharing of my patient record and have understood the information in the Patient Registration Pack.

I understand that the same record is used to store information recorded by different members of the care teams who are currently involved in providing care, including but not limited to, doctors surgeries, district nurses, health visitors, physiotherapists, podiatrists, social care and child health. I understand that I will be asked to give consent by each care team before they are able to access any shared data about me.

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Share Out

I would / would not (delete as required) like the information recorded at Grange Farm Medical Centre to be available to other care teams who are involved in my care where I have granted those care teams access to see my shared data.

Share In

I would / would not (delete as required) like the information recorded at other care teams who are involved in my care to be seen by members of the team at Grange Farm Medical Centre, where I have granted those care teams access to add my shared data.

I understand I can change my decision at any time.

Patient Name: _____

Signed:_____Date: _____

Office Use Only

_____

Vouched for by (name)_____Date _____

ID Taken, Type and Number _____

_____