

**Cliff Villages Medical Practice – Data Sharing Consent and Care.Data Dissent Form
January 2014**

Enhanced Data Sharing Module (EDSM)

The clinical system we use, (SystemOne) allows patients to consent or dissent to sharing information on their record with other services using SystemOne. There are two different types of consent required:

1. "Sharing Out" Consent:

Do you consent to the information that is recorded about you here being Shared with any of the other services that currently care for you and use SystemOne?

Yes / No (Please circle)

2. "Sharing in" Consent:

Do you consent to allow this service to view the information about you that has been recorded at other services where you also receive care?

Yes / No (Please circle)

CARE.DATA – Dissent to share (Ref "Better Information means better care leaflet")

I understand that under the powers of the Health & Social Care Act 2012, the Health & Social Care Information Centre (HSCIC) can electronically extract Personal Confidential Data from GP practices without seeking patient consent. I further understand that Personal Confidential Data extracted by the HSCIC might be passed on to accredited third parties.

I would like to **object** to the extraction of my Personal Confidential Data from my GP practice. I would therefore like the practice to record one of the following objections in my medical records at the practice:

Please tick either or both of the following options:

1. I object to my Personal Confidential Data being extracted from my medical record at my GP practice (code XaZ89)

2. I object to Personal Confidential Data gathered from any Health and social care setting from leaving the HSCIC (code XaaVL)

Signed..... Date.....

Name(Capitals)

Address.....

.....

.....

Thank you for completing this form. If you have any queries please speak to a receptionist. Please hand this form to reception.



Your emergency care summary

CONFIDENTIAL

OPT-OUT FORM

Request for my clinical information to be withheld from the Summary Care Record

If you **DO NOT** want a Summary Care Record please fill out the form and send it to your GP practice

A. Please complete in **BLOCK CAPITALS**

Title Surname / Family name

Forename(s)

Address

Postcode..... Phone No Date of birth

NHS Number (if known)..... Signature

B. If you are filling out this form on behalf of another person or a child, their GP practice will consider this request. Please ensure you fill out their details in section A and your details in section B

Your name Your signature.....

Relationship to patient Date

What does it mean if I **DO NOT** have a Summary Care Record?

NHS healthcare staff caring for you may not be aware of your current medications, allergies you suffer from and any bad reactions to medicines you have had, in order to treat you safely in an emergency.

Your records will stay as they are now with information being shared by letter, email, fax or phone.

- If you have any questions, or if you want to discuss your choices, please:
- phone the Summary Care Record Information Line on 0300 123 3020;
 - contact your local Patient Advice Liaison Service (PALS); or
 - contact your GP practice.

FOR NHS USE ONLY

Noted by practice: yes/no

Date.....