

Data Sharing

Burton and Bransgore Medical Centres

Please see poster in Waiting Room or visit our Website:

www.burtonandbransgoremicalcentres.co.uk

Please complete the information below and return to Reception

(* Delete as appropriate)

Full Name:	Date of Birth
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Data for research

I do not wish identifiable data about me to leave the practice

I do not wish data about me to be shared by HSCIC

Summary care Record – *This record is shared nationally and gives those caring for you in an emergency, or when the Practice is closed, access to your demographic information, medications and allergies.*

I do not wish to have a Summary care Record

Clinical System - *used by other GP Practices, Child Health, Community Services, Hospitals, Out of Hours, Palliative Care and many more Local Health Services. Sharing in this way allows everyone caring for you to be fully informed about your medical history and work together to provide a better service.*

I do / do not* agree to information about me being shared with other service providers

I do / do not* agree to the practice seeing information recorded at other service providers

Health Check Programme

I agree / do not agree* to being invited for screening programmes by the Practice

Signature:

Date: