

# Coleridge Medical Centre

## **COLERIDGE MEDICAL CENTRE—NHS DATA SHARING DECISIONS FORM**

Please complete below to detail your personal decisions regarding the three aspects of NHS patient data sharing. To support our statutory obligations we must inform you of who we will share information with and allow you to determine whether or not you wish us to share the information that we have recorded about you within your patient record. You have the right to withdraw consent at any time and also to change who you wish us to share your information with.

Patient's full NAME (Please print)		Date of Birth	
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I give/do not give (delete as appropriate) consent for my information to be shared to discuss the care that is provided to identify services and resources which could support my health and well being. I have read the data sharing leaflet. Please tick against each dataset identifying if you wish/do not wish to share data.

### **1. SCR NHS Summary Care Record (tick appropriate box)**

- YES I DO** want a summary care record  
(Express consent for core summary care record dataset upload XaXbY)
- NO I DO NOT** want a summary care record and fully understand the risks involved with this decision  
(Express dissent for summary care record dataset upload XaXj6)

### **2. Care.Data (tick appropriate boxes)**

- YES I DO** give my consent for my information to be shared with the Health & Social Care Information Centre for the purposes of the care.data system.
- NO I DO NOT** want the Health and Social Care Information Centre to disclose to any accredited third parties any information they hold on me (from any NHS source)  
(Dissent from disclosure of personal confidential data JSCIC XaaVL)
- NO I DO NOT** want my information to be shared with the Health & Social Care Information Centre for the purposes of the care.data system.  
(Express dissent from secondary use of GP patient identifiable data XaZ89)

### **3. Local Shared Care Record (tick appropriate box)**

- YES I DO** give my consent for my information to be shared  
(Express consent for shared care record XaKRv)
- NO I DO NOT** give my consent for my information to be shared  
(Express dissent for shared care record XaKRw)

Patient's SIGNATURE		DATE	
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You can change your mind at any time and as many times as you wish—please complete, sign and date a new form.