

## Sharing Your Records

Dear Patient,

There are three different patient information sharing schemes or levels;

- **Local Data Sharing**
- **Summary Care Record**
- **Care.Data**

We would like you to understand the difference between each scheme to help you choose which is best for you. You can opt in or out of each scheme. More information is available in Practice and on our Practice website click the 'patient information tab' <https://northroadsuite.gpsurgery.net/>

**LOCAL DATA SHARING** – this local agreement is to share information between the Health Care Professionals involved in your direct care such as District Nurses and in some instances the Local Hospital Consultants.

If you do not opt out, your records **may be shared** when you need immediate care.

If you **do opt out** your records **will not be shared** when you need immediate care.

You can opt out of or re-join at any time.

**IN THE INTERESTS OF YOUR HEALTH WE RECOMMEND THAT YOU DO NOT TICK THIS OPT OUT**

**Please TICK ONLY if appropriate**

I would like to opt out of Local Data Sharing

**SUMMARY CARE RECORD** to improve your care especially in an emergency

A Summary Care Record is stored centrally on a computer as part of your medical record. **It only contains basic information about:**

- **medicines**
- **allergies or reactions to medicines**

This record does **not include** detailed about a medical history. Only healthcare staff directly involved in your care will have access to this information. This basic information is stored in one place as part of your electronic record. It makes it easier to treat you in an emergency, or while away from home. If you do not opt out, you will automatically have a Summary Care Record.

You can opt out of or re-join at any time.

**THE BASIC INFORMATION SHARED COULD BE CRITICAL IN AN EMERGENCY.**

**IN THE INTERESTS OF YOUR HEALTH WE RECOMMEND THAT YOU DO NOT TICK THIS OPT OUT**

**Please TICK ONLY if appropriate**

I would like to opt out of Local Data Sharing

Title: \_\_\_\_\_ Surname / Family Name: \_\_\_\_\_

Forename: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Phone No. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you are filling out this form on behalf of another person or a child, their GP Practice will consider this request. Please ensure that you fill out their details above and your details below.

Your Name \_\_\_\_\_ Your Signature: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Date: \_\_\_\_\_

## NHS England's Care Data – OPT OUT FORM

NHS England's care.data system aims to provide timely, accurate information to citizens, clinicians and commissioners about the treatments and care provided by the NHS.

Please refer to the NHS England's care.data patient information leaflet before completing this form. The NHS England's care.data patient information leaflet can be found on our Practice website <https://northroadsuite.gpsurgery.net/> via the patient information tab. Paper copies are also available from reception.

**Please return completed forms to your GP practice. Forms sent anywhere other than your GP practice will not be actioned.**

- Please tick this box if you **DO NOT** want your GP to release any of your GP record to the Health and Social Care Information Centre (HSCIC) for purposes of the care.data system
- Please tick this box if you **DO NOT** want the Health and Social Care Information Centre (HSCIC) to disclose to any accredited third parties any information they hold on you (from any NHS source). Please note that in general, such data would only be made available to accredited third parties in anonymised, pseudonymised or aggregated form.

Please complete in **BLOCK CAPITALS**

Title: \_\_\_\_\_ Surname / Family Name: \_\_\_\_\_

Forename: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Phone No. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you are filling out this form on behalf of another person or a child, their GP Practice will consider this request. Please ensure that you fill out their details above and your details below.

Your Name \_\_\_\_\_ Your Signature: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Date: \_\_\_\_\_

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THIS FORM IS TO BE PASSED TO RACHAEL ATKINSON/JUSTIN WOOD FOR READ CODING IN THE PATIENT RECORD USING THE PRACTICE 'CARE DATA TEMPLATE'

FOR NHS USE ONLY

Actioned by practice yes/no

Date .....

CONFIDENTIAL

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