**THE LANDER MEDICAL PRACTICE**

With new rules surrounding the Data Protection Regulation we need to update your consent preferences. In order for us to continue to do this we will need you to complete the form below.

Please complete as many questions as you can. The information will be of importance in our effort to provide you with good medical care. Please either complete and return by email (caroline.moyses@nhs.net) or print, and after completion, bring the form to the Surgery – for the attention of Caroline.

**Name: Date of Birth:**

**Address: Sex:**

**Postcode: Home Tel Number:**

**Mobile Tel Number:**

**Email:**

**Accessible Information**

As part of the Accessible Information Standard, we are required to ask if you have any communication needs and find out how to meet those needs. If you have any needs, please state below or inform the Reception Staff who can make a note of this on your records for future information.

**Consent – recent changes regarding General Data Protection Regulation**

**SMS Messaging**

Do you consent to receiving SMS messages regarding your appointment, your health or marketing e.g. giving you information about our services **YES/NO** *If you answer NO to any of the items listed you will not receive any SMS messages i.e. appointment reminders*.

**Email contact**

Do you give consent to receiving emails from the Practice – this is usually in the form of a Newsletter and will never contain medical information. **YES/NO**

**Sharing Your Information**

Do you consent to the sharing of your data recorded at the Surgery with any other organisations that may care for you e.g. Community Nurses/Stop Smoking Service? **YES/NO**

Do you consent to the viewing of data by this organisation that is recorded at other care services that may care for you where you have agreed to make the data shareable? **YES/NO**

**Summary Care Record (SCR)**

Do you consent to your SCR being uploaded to the National Spine which in an emergency situation will provide details of any allergies you may have, list your current medication and any bad reactions that you may have had to any medication and also have your name, address, date of birth and NHS number. Please note that your SCR will only be used by authorised staff who are in a health and care system involved in your direct care, e.g. Accident and Emergency Departments. **YES/NO**

If you have a complicated medical history or more than two medical conditions it may well be advisable to provide additional details with your SCR. Medical professionals can then access your significant medical history (past & present) immunisation history, the reasons for your medication and any end of life care plans. Would you like to add additional details to your SCR? **YES/NO**