**Patient Consent Form**

We recognise the importance of protecting personal and confidential information in all that we do, and we will take care to meet our legal duties, as the law determines how organisations can use the personal information that we collect.

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. Should this be the case, we will inform the relevant partner organisations and advise them of your decision.

I, ………………………………………………… (Print patient name). Date of Birth:………….………...

give/do not give 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 wellbeing as indicated in the table below.

Signed………………………………………Date………………….. [ ]  I am the patient

 [ ]  I am the patient’s representative

For further information on who we share with and what steps we take to protect the information we hold, please see our Fair Processing (Privacy) Notice – Please see overleaf.

Please tick against each data set identifying if you wish/do not wish to share data

|  |  |  |
| --- | --- | --- |
| Record Sharing Initiative | I hereby give consent for my information to be shared. | I do not consent for my information to be shared. |
| Summary Care Record(See “Summary care record explained” document) |  |  |
| Local Shared Care Record (local providers only). (See “Making your local health record work for you”) |  |  |

Please be aware that if you do not return this form to us, you will automatically be “opted in” to each of the above data sharing initiatives. Wembury Surgery have no control over this and can only opt you out if you return this form, requesting us to do so.

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**For Staff Use Only**

Please ensure that the referring organisation is removed from the list of options above.

Ensure that a copy is provided to the patient, stored in the paper medical record and shared with the appropriate organisations.

Should the above named patient indicate that they wish to amend the organisations that they have consented to share with or that they have withdrawn consent completely, please ensure that a new form is completed with the revised choices and then share and store as previous.

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Description | Initials | Date |
| #9Ndo | Express dissent for Summary Care Record dataset upload |  |  |
| #93C1 | Refused consent for upload to local shared electronic record |  |  |

**Fair Processing (Privacy) Notice**

Wembury Surgery uses personal and confidential information for a number of purposes. This Privacy Notice (also known as Fair Processing) provides a summary of the information that we hold, what we use it for and also who we will or may share information with. This Privacy Notice is part of our commitment to ensure that we process your personal data fairly and lawfully.

Wembury Surgery recognises the importance of protecting personal and confidential information in all that we do, all we direct or commission, and takes care to meet its legal duties. The law determines how organisations can use the personal information that we collect. The key pieces of legislation that we must comply with are;

* Data Protection Act 1998 (DPA),
* Human Rights Act 1998 (HRA),
* Health & Social Care Act 2012 (HCA), and
* The common law duty of confidentiality.

Wembury Surgery collects person confidential information about our service users to support care pathways. This information can include:

* Your name, address, telephone number, date of birth and next of kin
* Appointment details, associated admissions
* Correspondence, notes and reports
* Investigations and test results

Wembury Surgery uses this information for the following reasons:

* To help inform the decisions that we make about your care
* To ensure that your treatment is safe and effective, including any advice that may be provided as part of your care
* To help us work effectively with other organisations who may also be involved in your care

Wembury Surgery may share this with other organisations, to support the following:

* To help us protect the health of the public in general,
* To manage and plan our services for the future, including measure our performance to ensure that we remain effective,
* To help our staff review the care that is provided, to ensure that it is of the highest standard, and
* To enable the continual improvement of the competency of staff and service providers

For more detailed information about your rights and our responsibilities, we have a number of information leaflets that have been produced, available in our waiting areas and reception, as well as further resources on our Website [www.wemburysurgery.co.uk](http://www.wemburysurgery.co.uk) . Easy read format as well as information in other languages is available upon request.