*Data Sharing for the Purpose of Your Direct Care*

Please complete the information below with your choices on sharing your data and hand to Reception.

Name: ……………………………………………………………. Date of birth: ……………………………………

Address: ……………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………….

Sharing using Summary Care Record Please tick one option:

I agree to a Summary Care Record containing details of my

medications, allergies and any bad reactions to medication.

I agree to a Summary Care Record containing details of my

medications, allergies, any bad reactions to medication AND any

additional information useful for my care.

I do not want to have a Summary Care Record (opt-out).

Sharing using SystmOne GP Clinical System Please tick one option:

I agree to sharing my data on SystmOne for my direct care.

Please state your email address and mobile telephone number below to enable us to send you a security code when another organisation wishes to view your information on SystmOne:

Email address: ………………………………………………………………………………………………………………

Mobile telephone number: ………………………………………………………………………………………….

I do not agree to the sharing of my information on SystmOne for

the purposes of my direct care.