

Merchiston Surgery

Consent Forms

Title: _____ Surname/Family name: _____

Forename(s) _____ Date of Birth: _____

Address: _____

Postcode: _____ Mobile No: _____ Home No: _____

Work No: _____

NHS Number if known: _____

1. SUMMARY CARE RECORD ("the spine")

- I wish to opt out of the summary care record and DO NOT want information from my healthcare records to be uploaded to the spine. I understand that opting out of having a Summary Care Record will also exclude my data from inclusion in the practice risk profiling.
- I do not wish to opt out of the Summary Care Record and confirm that I wish information from my healthcare records (e.g. current medication, allergies and any bad reactions to medicines I may have had) to be uploaded to the spine and to be accessible by healthcare professionals outside of Merchiston Surgery. I also understand my data will be included in practice risk profiling.

2. NATIONAL GENERAL PRACTICE DATA EXTRACTION SERVICES (GPES)

- I do not want ANY information containing data that identifies me from leaving my GP practice for the purposes of GPES (code XaZ89).
- Data from my records may be extracted to the HSCIC but I do not want information containing data that identifies me from leaving the secure HSCIC environment (code XaaVL).
- I do not wish to opt out of the GPES programme and confirm that I agree to data from my healthcare records being included in this extraction.

This form is continued overleaf, please ensure you complete both sides of the form.....

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3. CLINICAL INFORMATION FROM GP RECORD – SHARING IN AND OUT

Sharing out

Do you consent to the sharing of data recorded here with any other healthcare organisations also caring for you?

- YES – share data with other organisations
- NO- do not share any data recorded here

Sharing in

Do you consent to the viewing by this organisation of data recorded by other healthcare services also caring for you, where you have agreed to make the data shareable?

- YES – view data from other organisations
- NO- do not view data from other organisations

4. TEXT MESSAGING

- I consent to Merchiston Surgery contacting me by text message.
- I acknowledge the responsibility of attending or cancelling appointments still rests with me.
- I will inform the surgery if I change my mobile telephone number.
- YES- I agree

Signed: _____

Date: _____

Please hand this completed form to a receptionist at Merchiston Surgery

Practice use only:

Entered on TPPSYSTEMONE by:

Date: