**STOCKWELL ROAD SURGERY**

**CONSENT TO DISCLOSE YOUR PERSONAL INFORMATION**

**Disclosure to other health professionals in the management of your care**

Today, electronic records are kept in all the places you receive healthcare. We can normally only share your records by letter, email fax or phone. At times this can slow down your treatment and mean information is hard to access. At Stockwell Road Surgery however, we use a unique computer system called SystemOne that allows the sharing of full electronic records across different healthcare services so that everyone caring for you can be fully informed about your medical history, including medication and allergies.

You can choose whether or not to share your electronic information with other care services.

SystmOne has 2 settings to allow you to control how your medical information is shared.

*Sharing out – this controls whether your information entered here at the surgery can be shared with other NHS services*

*Sharing in - this controls whether information that has been made shareable at other NHS services can be viewed here at this surgery*

Can you please tell us:

|  |  |
| --- | --- |
| Do you consent to the information that is recorded about you here being made available to other NHS care services that care for you and also use SystmOne?   * *If you answer YES*   *Clinicians at other services that care for you and use SystmOne will be able to see the information recorded here. For example a district nurse that visits you would be able to see the data entered here by your GP*   * *If you answer NO*   *The clinician will be prevented from electronically sharing the information entered here with other services caring for you* | YES / NO |
| Do you consent to allow this surgery to view information about you that has been recorded at other services where you also receive care?   * *If you answer YES*   *This surgery will be able to view information recorded on your patient record by other NHS services*   * *If you answer NO*   *This surgery will not be able to see any information recorded at any other NHS services (even if you have already given them consent to share out)* | YES / NO |

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D.O.B:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_