

# **LIQUORPOND SURGERY**

## **Patient choices regarding sharing of health records**

Please read this leaflet carefully. It will give you information about the sharing of your electronic patient record and the choices you need to make.

Please then complete the consent form overleaf and return to the surgery.

Electronic records are kept in all the places where you receive healthcare – here at the practice, in ‘out of hours’, children’s services, community services and at the hospital.

Each of these records may contain different pieces of information about you but, historically, NHS Care Services have only been able to share this information with each other by letter, email, fax or telephone. At times, this can slow down your treatment and mean that information is hard to access.

With your permission, your record can now be electronically shared with other healthcare professionals involved in your care. This will ensure that clinicians have the information they need to enable them to provide you with the best possible health care.

Your consent to share and view your medical record is required by each service involved in your care. You are able to choose which services you want to share your record with, and those you do not wish to be able to see your records held elsewhere. You may, however, change your sharing preferences at any time.

### **Why do health records need to be shared?**

Sharing your medical record will improve communication about your care between healthcare professionals and enables high quality, joined up care across the different NHS services. It will also prevent you from having to remember and repeat information about your medical history.

### **I have already given my preferences regarding Summary Care Records, do I need to give them again?**

The form we are asking you to complete is not about your Summary Care Record (SCR). It is asking your sharing preferences regarding your full electronic GP record. You will therefore still need to let us know your preferences by completing the consent form overleaf.

### **If I agree to share, who will be able to view my record?**

Only staff at those services you have agreed to share your record with, and who have a legitimate clinical reason to access your record, can do so. All access to patient’s computerised records is automatically recorded with the date, time and name of the person who viewed the record. Staff are restricted to certain functions and views depending on their professional role.

### **Will all my medical record be shared?**

If there are particular items in your record you do not wish another service to see, please discuss this with your GP or healthcare professional. You can request for individual entries in your patient record to be marked as ‘Private’. These will not be visible at any NHS care service other than the one that recorded the information.

### **What happens if I do not want to share my record?**

If you choose not to make your records shareable, we will respect your wishes and will continue to do our utmost to ensure that your care is safe and efficient. However, denying the clinical teams who are caring for you the ability to access important clinical details could compromise your care. You would also need to take extra care to ensure that, if you are treated by other services, you are able to provide them with any information about yourself that they might need.

As mentioned above, there is the option to mark specific elements of your record as private so that these entries will not be seen even if you have elected to share your record. Please consider this option first before electing not to share your record at all. If you have any further questions, please discuss them with your GP or healthcare professional.

**Please now complete the Consent Form overleaf and return it to the surgery**

## Health Record Sharing Consent Form

Please put an **X** in the boxes that best suit your wishes

1. Do you consent to the information that is recorded about you at Liquorpond Surgery being made available to other NHS care services that care for you? (Please note: Each of these services will ask your permission again before the information can actually be viewed by them.)	
	<b>YES</b> – I would like clinicians at other services that care for me to be able to view information recorded by Liquorpond Surgery.
	<b>NO</b> – I do not want clinicians at other services that care for me to be able to view information recorded by Liquorpond Surgery.

2. Do you consent to allow Liquorpond Surgery to view information about you that has been recorded at other services where you also receive care? (Please note: Each of these services will ask your permission again before the information they hold about you can actually be seen by us)	
	<b>YES</b> – I would like Liquorpond Surgery to be able to view information recorded by other NHS services that I use.
	<b>NO</b> – I do not want Liquorpond Surgery to be able to see any information recorded by other NHS services that I use.

Name :	
Date of Birth :	
Signature :	
Date :	