

This form details the options we offer you regarding sharing your data electronically with other care organisations and with yourself. Please read each section carefully and indicate your preferences.

IF THE PATIENT IS UNDER 16 AN ADDITIONAL PROXY FORM IS REQUIRED. PLEASE CONTACT RECEPTION.

PATIENT DETAILS

Mr	Mrs	Miss	Ms	Other	Surname:	
Date of Birth		/	/		First Names:	
NHS No:					Previous name/s:	
Male/Female:				Town and Country of Birth:		
Home Address:						
Postcode:				Home Telephone Number:		
Mobile Telephone Number:				Work Telephone Number:		
Marital Status:				Occupation:		
Email Address:						

PREFERRED METHOD OF COMMUNICATION (Please circle)

Bridport Medical Centre would like to contact you by text message and/or e-mail. During this digital age, text messages and e-mails are an efficient way to communicate with patients. If you agree to receive text message and e-mails from the practice, this will include;

- Appointment booking confirmation (text message)
- Appointment booking reminders the day before your appointment (text message)
- Notification of missed appointments (text message)
- Requests for you to contact the surgery
- Notification when test results are back, and if we need to speak to you
- Reminders to book an appointment (e.g. For a immunisations, annual check-ups, blood tests)
- Invitation to appointments you are eligible for (e.g. NHS health checks, cervical screening)
- Health campaign information
- Surgery information / updates (e.g. Change in opening hours, new service starting etc)
- Information about the status of a referral to hospital or specialist service
- Information about your medication and prescriptions
- Information about other services (e.g. contact details)
- Requests for feedback following attendance at the surgery (friends and family test)

Please circle preferred methods of contact:

Email	SMS	Email and SMS	Neither
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SUMMARY CARE RECORD

A summary care record is an electronic record of important information about your health. It will be available to health care staff providing your NHS care. In the case on an emergency this allows other NHS healthcare agents to gain access to information about you including details of your medications, allergies and any other relevant information. Please read our 'How We Use Your Health Records' leaflet for more detailed information.

Please tick one box below to indicate your preference.

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, 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

Another way of sharing your information for your care is through the confidential electronic record system that we use in our practice, called SystmOne. This is used widely across the NHS and care organisations to keep accurate medical records about you. These records store important information about your illnesses and the care you have received in the past. Your record may contain information from different health and social care organisations such as a hospital, a minor injuries unit, or from a community care service such as district nursing.

Organisations can only access your medical record if you give them permission. For example, you may be working or on holiday in another part of the country and need care from a hospital or a clinic. Having access to your whole medical record will improve the care they can provide you.

<p>I agree to sharing my data on SystmOne for my direct care <i>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:</i></p> <p>Email address:</p> <p>Mobile telephone number:</p>	
I do not agree to the sharing of my information on SystmOne for the purposes of my direct care	

ONLINE ACCESS TO ONLINE SERVICES

The clinical system we use at Bridport Medical Centre is called SystmOne. This system offers patients over the age of 16 the option to enrol in online services in order to book appointments, request repeat prescriptions and access their summary care record through a web page or app. If you are not the patient (ie. You are a parent or carer) and you wish to access these online services on their behalf then please ask for information about proxy access. **If you would like to enrol in this service please ensure you bring one form of photographic ID (passport or driving license) plus an additional proof of address when returning this form.**

I wish to have access to the following online services (please tick all that apply):	
Booking appointments	
Requesting repeat prescriptions	
Summary Care Record	

ONLINE ACCESS TO YOUR DETAILED CODED RECORD

SystmOne offers patients the option to see their detailed coded record online via a webpage or app. A detailed coded record includes the following information:

- Demographic
- Allergies/adverse reactions
- Medication (dose, quantity, last issued date)
- Immunisations

- Results (numerical values and normal ranges)
- Values (BP, PEFR)
- Problems/diagnoses
- Procedure codes (medical or surgical) and codes in consultation (signs, symptoms)
- Codes showing referral made or letters received (no attachments)
- Other codes (ethnicity, QOF)

Detailed coded records do not contain free text or letters and so may not always be easy to understand. Please read our leaflet 'Online Access to Medical Records' for more information on this service and some abbreviations that might help you.

I wish to have access to my medical record online (please tick if you would like access)		
In order for access to be granted the following boxes must be agreed. Please read each box and tick to confirm that you understand and agree with each statement.		
1. I have read and understood the information leaflet provided by the practice		
2. I will be responsible for the security of the information that I see or download		
3. If I choose to share my information with anyone else, this is at my own risk		
4. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible		
5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible		
6. If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible		

DATA SHARING FOR OTHER PURPOSES SUCH AS RESEARCH

The NHS wants to make sure you and your family have the best care now and in the future. Your health and adult social care information supports your individual care. It also helps the NHS to research, plan and improve health and care services in England. Unless you have chosen to opt out, your confidential patient information can be used for research and planning. An online service (<https://www.nhs.uk/your-nhs-data-matters/manage-your-choice/>) allows you to make or change your decision at any time. You can also download a form to manage a choice on behalf of another individual by proxy.

If you don't want your confidential patient information to be used for research and planning, you can opt out of this. Your confidential patient information will still be used to support your individual care. Any choice you set using this service will not change this.

You may use our online service, or request a print-and-post form, to make or change your choice at any time. You can also request assistance or make your choice using our telephone service (**0300 303 5678**). If you do not wish to opt out, you don't have to do anything at all.

FOR PRACTICE USE ONLY

Form Received and Checked By:		
Patient NHS Number:		Practice Computer ID Number:
Identity verified by (initials):	Date:	ID Shown: <ul style="list-style-type: none"> <input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Bank Statement <input type="checkbox"/> Utility Bill <input type="checkbox"/> Marriage Certificate <input type="checkbox"/> Other
Authorised By:		Date: