

**WEST MOORS GROUP PRACTICE
SUMMARY CARE RECORD SHARING AND SYSTEMONE RECORD SHARING**

We strongly recommend that you allow other health professionals to access your medical record. The benefits to your care are immense:

Your Clinician will have a complete view of your medical history allowing accurate decisions to be made.

You will not have to explain your medical history countless times.

Your care will improve and unnecessary tests can be avoided.

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

Name: _____ **Date of birth:** _____

Signature: _____ **Date:** _____

If you are filling out this form on behalf of another person or a child, their GP will consider this request. Please ensure you fill out their details above and your details below:

Name: _____ **Signature:** _____

Relationship to Patient: _____ **Date:** _____

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 SystemOne GP Clinical System Please tick one option:

I agree to sharing my data on SystemOne 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 SystemOne:

Please write both clearly so the correct information is entered on the patient record.

Email address: _____

Mobile telephone number: _____

I do not agree to the sharing of my information on SystemOne for the purposes of my direct care