

# PORTESHAM SURGERY

## **To the patient:**

This form contains your consent to the sharing of your personal health information between the people identified below. If you give permission, information will be shared, if requested, with those listed, to allow them to provide informed support to you.

This consent will remain valid from the date of signature marked on this form. If you wish to withdraw your consent for us to share your medical information at any time, you simply need to write to us to tell us.

This consent to share applies to all information currently held on your medical record, and to any medical information added in the future, either by your GP or by any secondary health organisation (such as the hospital laboratory, consultants etc).

**Please bring this form back to the surgery in person or complete it here**, in accordance with our Confidentiality Policy. We cannot accept forms sent by post as we need to verify who has signed the consent form. Thank you.

## **Consent to share my Medical Record**

<b>Patient Name: (Print)</b>		<b>Date:</b>
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**I agree** to my health information being shared, if requested, by the doctors at Portesham Surgery with the following members of my family:

Name of person with whom my information can be shared:	Contact tel no:	Relationship to me:

### **SystmOnline (if required):**

**I agree** to the following people having access to my SystmOnline record for the purposes of ordering my medications, making appointments or viewing my summary care record:

Name of person to have access to SystmOnline on my behalf:	Contact tel no:	Relationship to me:

<b>Signed by Patient:</b>	
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<b>FOR OFFICE USE ONLY:</b>	
<input type="checkbox"/>	I have witnessed patient signing form in front of me
<input type="checkbox"/>	I have spoken to patient on the phone (using verification question) who confirmed their consent
	If patient has given consent to access SystmOnline :
<input type="checkbox"/>	I have checked that person has SystmOnline Access already
<input type="checkbox"/>	I have given nominated person SystmOnline Access
	Staff Name:
	Date: