

Sharing Your Data

Opt-out / Consent Form

Dear Patient,

There are currently three different data sharing schemes running nationally; **Local Data Sharing**, the **Summary Care Record** and **NHS Digital Data and information Collection data sets**.

It is important that patients know the difference between **Local Data Sharing**, the **Summary Care Record** and **NHS Digital Data and information Collection data sets**, so that an informed choice can be made about whether you are happy for your data to be shared, or whether you wish to opt out.

We want to be sure that we give you the opportunity to decide at what level you would like to opt out of data sharing and are aware of the implications.

You can also opt out of receiving text messages and emails from the surgery. The surgery sends texts relating to your appointments, health reminders or campaigns. The surgery also sends a link to a quarterly newsletter via text. **Please ensure we have your correct mobile number if you want to receive these texts.**

Local Data Sharing has been introduced to improve the safety and quality of patient care.

Please complete the attached form and return it to us so we can be clear about your wishes.

A data sharing agreement exists between Richmond General Practice Alliance. There are local services that are run as a federation of practices; caring for patients at Teddington Memorial Hospital, providing cover Monday to Sunday 8-8 at the Hub .

If a patient does not opt out, their information will be shared when immediate patient care is needed.

Summary Care Records have been introduced to improve the safety and quality of patient care.

A Summary Care Record is an electronic record that is stored at a central location. It **contains information about medicines, allergies, or reactions to medicines that a patient has had**. The record does **not include** detailed information about a patient's medical history. Only healthcare staff directly involved in the patient's care who have access to this information. Having this information stored in one place makes it easier for healthcare staff to treat patients in an emergency. **The information being shared could be critical in an emergency situation.**

If a patient does not opt out, they will automatically have a Summary Care Record; however a patient can opt out of or re-join the scheme at any time.

NHS Digital Data and information Collection Data Sets, -information about patients and the care they receive will be shared, in a secure system, by healthcare staff to support their treatment and care.

The NHS would like to link information from all the different places where patients receive care, to help them compare the care patients receive in one area against another, so they can see what has worked best. Information such as a patient's postcode and NHS number, **but not their name**, will be used to link their records in a secure system, so their **identity is protected**. Information which does not reveal their identity can then be used by others, such as researchers and those planning health services, to make sure the NHS provide the best care possible for everyone. **How patient information is used and shared is controlled by law and strict rules are in place to protect patient privacy.** If a patient does not opt out, their information will be shared; however a patient can opt out of or re-join the scheme at any time.

Leaflets are available if more information is required.

If you wish to opt out of any of these schemes, please complete the opt-out form and hand to the Reception desk.

Please take whatever steps necessary to ensure my confidential personal information is not uploaded and record my dissent by whatever means possible

Tick all that apply

I would like to opt out of Local Data Sharing

I would like to opt out of the Summary Care Record

I would like to opt out of NHS Digital Data and Information Collection Data Sets.

I would like to opt out of receiving emails

I would like to opt out of receiving text messages

I understand that if I do not opt out my information will be shared, however **I can opt out or re-join the scheme at any time.**

PLEASE COMPLETE THE INFORMATION BELOW TO SHOW YOU HAVE READ THE CONSENT LEAFLET
Information to help identify my records [Please complete in BLOCK CAPITALS]

Title: _____ Surname: _____

Forename (s): _____

NHS number (if known): _____

Date of Birth: _____

Address: _____

Postcode: _____ Mobile Number: _____

Signed: _____

Date: _____