**\*\* FORM NOT ACCEPTED WITHOUT I.D \*\***

**(This MUST include proof of your address)**

Dear Patient,

Welcome to Audley Mills Surgery.

In order that our records are as up to date as possible, and to comply with current legislation, could we please ask that you do two things:

1. Complete the form below – will **NOT** be accepted without proof of address and photo ID ie: passport or driving license.
2. Make an appointment for yourself (and your family) with our Healthcare Assistant (HCA). Although we will receive your medical records from your previous practice, the HCA will be able to ensure these are up-to-date and will also be able to advise you of our policies and procedures.

Many thanks,

***Dr C.P.M Lewis & Partners***

IF YOU REQUIRE ONLINE ACCESS, THE CONSENT FORM IS ON OUR WEBSITE. PLEASE COMPLETE THE APPROPRIATE FORM OR COLLECT FROM THE MAIN SURGERY RECEPTION.

**QUESTIONNAIRE**

**Name: ……………………………………………………………………………..………………………………… DOB: ………………………………………….**

**Email: ………………………………………………………………………………………………………………………………………………………………………**

Do you consent to emails being sent to you using this address? **YES / NO**

**Mobile phone number: …………………………………………………………………………………**

Preferred method of contact (please choose one): **Letter / SMS / Email**

Do you consent to text messages being sent to you using this mobile phone number? **YES / NO**

Please nominate a pharmacy give the name and address of the pharmacy below:

……………………………………………………………………………………………………………………………………………………………………………………..

**Next of kin:**

Name:

Relationship:

Contact number:

……………………………………………………………………………………………………………………………………………………………………………………..

**If you are completing a registration form for a 13-16 year old, please collect a separate consent form from reception.**

……………………………………………………………………………………………………………………………………………………………………………………..

**Smoking status (please set which status is applicable):**

Smoker

Non-Smoker

Ex-Smoker

**GDPR (General Data Protection Regulations) – 25th May 2018**

As part of the registration process, you will be required to supply us with personal and medical information relating to yourself. As part of the GDPR, the surgery is committed to keeping your personal information safe. The practice will take steps to ensure that individual patient information is not deliberately or accidentally released or (by default) made available or accessible to third party without the patient’s consent, unless otherwise legally compliant.

**Equal Opportunities / Anti-Discrimination**

As a patient of Audley Mills Surgery we will ensure that you will be treated with dignity and respect. You will not be discriminated against in relation to marital status, pregnancy, race, ethnicity, disability, sexual orientation, religion or belief.

……………………………………………………………………………………………………………………………………………………………………………………..

**Carers**

Are you a carer? **YES / NO**

If **YES**, please supply details of who you care for?

……………………………………………………………………………………………………………………………………………………………………………………..

**Online Access**

This will enable you to book appointments, order repeat medication or ask a simple question, once you have this, you can then apply to have access to your medical records online. You will be required to present two forms of I.D. (one photographic) to obtain your username and password.

Register me for online access: **YES / NO**

If **YES**, please complete attached form.

……………………………………………………………………………………………………………………………………………………………………………………..

**Ethnic Origin**

The Surgery must now ask patients their ethnic origin. Please complete or tick to say you don’t wish it to be recorded.

**Name: ……………………………………………………………………………………………………………………………………………………………………..**

**White**

* British
* Irish
* Traveller or Irish Heritage
* Gypsy/Roma
* Any other white background

**Mixed**

* White and Black Caribbean
* White and Black African
* White and Asian
* Any other mixed background

**Asian or Asian British**

* Indian
* Pakistani
* Bangladeshi
* Any other Asian background

**Black or Black British**

* Caribbean
* African
* Any other Black background

**Chinese**

Any other ethnic background (please give details): ……………………………………………………………………………………………………….

I do not wish an ethnic background category to be recorded



**Information for new patients: about your Summary Care Record**

**Dear Patient,**

If you are registered with a GP practice in England you will already have a Summary Care Record (SCR), unless you have previously chosen not to have one. It will contain key information about the medicines you are taking, allergies you suffer from and any adverse reactions to medicines you have had in the past.

Information about your healthcare may not be routinely shared across different healthcare organisations and systems. You may need to be treated by health and care professionals that do not know your medical history. Essential details about your healthcare can be difficult to remember, particularly when you are unwell or have complex care needs.

Having a Summary Care Record can help by providing healthcare staff treating you with vital information from your health record. This will help the staff involved in your care make better and safer decisions about how best to treat you.

**You have a choice**

You have the choice of what information you would like to share and with whom. Authorised healthcare staff can only view your SCR with your permission. The information shared will solely be used for the benefit of your care.

Your options are outlined below; please indicate your choice on the form overleaf.

1. **Express consent for medication, allergies and adverse reactions only.** You wish to share information about medication, allergies and adverse reactions only.
2. **Express consent for medication, allergies, adverse reactions and additional information.** You wish to share information about medication, allergies and adverse reactions and further medical information that includes: Your significant illnesses and health problems, operations and vaccinations you have had in the past, how you would like to be treated (such as where you would prefer to receive care), what support you might need and who should be contacted for more information about you.
3. **Express dissent for Summary Care Record (opt out).** Select this option, if you **DO NOT** want any information shared with other healthcare professionals involved in your care.

Please note that it is not compulsory for you to complete this consent form. If you choose not to complete this form, a Summary Care Record containing information about your medication, allergies and adverse reactions and additional further medical information will be created for you as described in point b) above.

The sharing of this additional information during the pandemic period will assist healthcare professionals involved in your direct care and has been directed via the Control of Patient Information (COPI) Covid-19 – Notice under Regulation 3(4) of the Health Service Control of Patient Information Regulations 2002.

If you choose to complete the consent form overleaf, please return it to your GP practice.

You are free to change your decision at any time by informing your GP practice.



**Summary Care Record Patient Consent Form**

Having read the above information regarding your choices, please choose **one** of the options below and return the completed form to your GP Practice:

**Yes – I would like a Summary Care Record**

□ Express consent for medication, allergies, and adverse reactions only.

**or**

□ Express consent for medication, allergies, adverse reactions, and additional information.

**No – I would not like a Summary Care Record**

□ Express dissent for Summary Care Record (opt out).

Name of Patient: ………………………………………………..…...........................................................................................

Address: ……………………………………………………………………………………………………………………………………………….……….

Postcode: …………………………………………………………………. Date of Birth: ………..........................................

NHS Number (if known): …………………………..……………….......................................................................................

Signature: ………………………………………………………………... Date: ………………..…………………………………………

If you are filling out this form on behalf of another person, please ensure that you fill out their details above; you sign the form above and provide your details below:

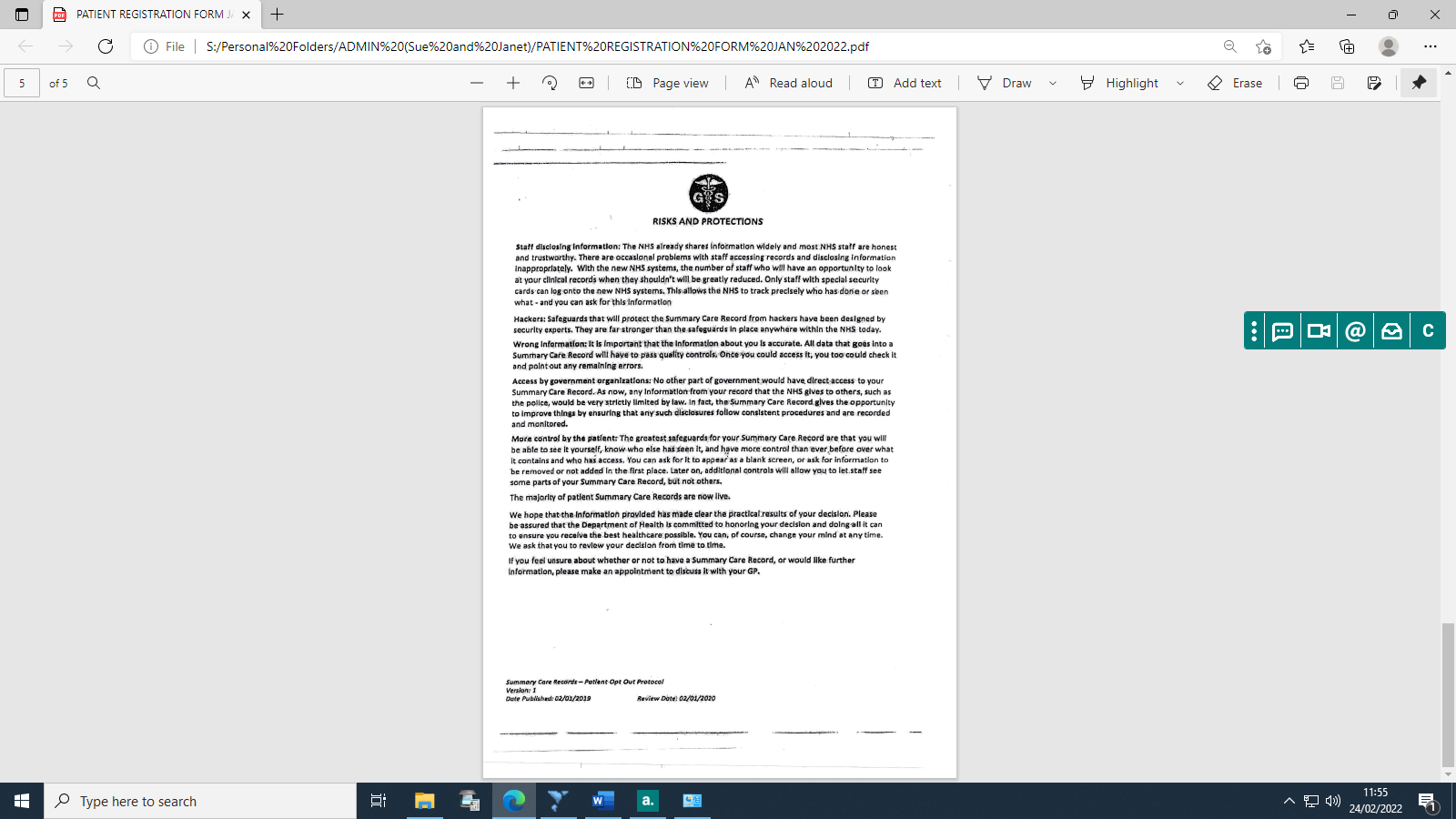
Name: …………..........................................................................................................................

**Please circle one:** Parent Legal Guardian Lasting power of attorney

for health and welfare

|  |  |
| --- | --- |
| Summary Care Record Consent Preference | CTV3 |
| The patient wants a core Summary Care Record (express consent for medication, allergies and adverse reactions only) | XaXbY |
| The patient wants a Summary Care Record with core and additional. Information (express consent for medication, allergies, adverse reactions and additional information) | XaXbZ |
| The patient does not want to have a Summary Care Record (express dissent for Summary Care Record – opt out) | XaXj6 |

If you require any more information, please visit <http://digital.nhs.uk/scr/patients> or phone NHS Digital on 0300 303 5678 or speak to your GP practice.

  
**Staff disclosing information:** The NHS already shares information widely and most NHS staff are honest and trustworthy. There are occasional problems with staff accessing records and disclosing information inappropriately. With the new NHS systems, the number of staff who will have an opportunity to look at your clinical records when they shouldn’t be greatly reduced. Only staff with special security cards can log onto the new NHS systems. This allows the NHS to track precisely who has done or seen what – and you can ask for this information.

**Hackers:** Safeguards that will protect the Summary Care Record from hackers have been designed by security experts. They are far stronger than the safeguards in place anywhere within the NHS today.

**Wrong Information:** It is important that the information about you is accurate. All data that goes into a Summary Care Record will have to pass quality controls. Once you could access it, you too could check it and point out any remaining errors.

**Access by Government organisations:** No other part of Government would have direct access to your Summary Care Record. As now, any information from your record that the NHS gives to others, such as the police, would be very strictly limited by law. In fact, Summary Care Record gives the opportunity to improve things by ensuring that any such disclosures follow consistent procedures and are recorded and monitored.

**More control by the patient:** The greatest safeguards for your Summary Care Record are that you will be able to see it yourself, know who else has it and have more control than ever before over what it contains and who has access. You can ask for it to appear as a black screen or ask for information to be removed or not added in the first place. Later on, additional controls will allow you to let staff see some parts of your Summary Care Record, but not others.

The majority of patient Summary Care Records are now live.

We hope that the information provided has made clear the practical results of your decision. Please be assured that the Department of Health is committed to honouring your decision and doing all it can to ensure you receive the best healthcare possible. You can, of course, change your mind at any time. We ask that you review your decision from time to time.

If you feel unsure about whether or not to have a Summary Care Record, or would like further information, please make an appointment to discuss it with your GP.

Summary Care Records – Patient Opt Out Protocol

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