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| **THE PANTON PRACTICE**  **Sharing Your Health Record Opt Out Form** | |
| **Sharing Your Health Record for the Purposes of Your Direct Care** | |
| **As a default, we will set your record as available to share both in SystmOne and the Summary Care Record.**  Do you consent to your GP Practice sharing your health record with other local organisations who care for you?  Yes *(recommended option)*  No, except in an emergency.  No, never *(not recommended)*  Do you consent to your GP Practice viewing your health record from other organisations that care for you?  Yes *(recommended option)*  No | |
| **Your Summary Care Record (SCR)** | |
| Do you consent to having an Enhanced Summary Care Record with Additional Information?  Yes *(recommended option)*  No, Basic Summary Care Record only  No, I do not want a Summary Care Record | |
| **Data sharing for Research (Not for direct care)** | |
| If you do not mind your data being used for research purposes, you do not need to do anything else.  I do not wish identifiable data about me to leave the practice.(XaaVL)  I do not wish data about me to be shared by HSCIC . (XaZ89) | |
| **Signature** | |
| Signature |  |
|  | Signed on behalf of patient |
| Name |  |
| Date |  |