

Beacon Health Group DATA SHARING FORM

This form details the options we offer you regarding sharing your data electronically with other care organisations and with yourself. Please read each section carefully and indicate your preferences.

PATIENT DETAILS

Mr	Mrs	Miss	Ms	Other	Surname:		
Date of Birth		/ /		First Names:			
NHS No:					Previous name/s:		
Male/Female:				Town and Country of Birth:			
Home Address:							
Postcode:				Home Telephone Number:			
Mobile Telephone Number:				Work Telephone Number:			
Marital Status:				Occupation:			
Email Address:							

PREFERRED METHOD OF COMMUNICATION (Please circle)

Email	SMS	Neither
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SUMMARY CARE RECORD

A summary care record is an electronic record of important information about your health. It will be available to health care staff providing your NHS care. In the case of an emergency this allows other NHS healthcare agents to gain access to information about you including details of your medications, allergies and any other relevant information. Please read our 'How We Use Your Health Records' leaflet for more detailed information.

Please tick one box below to indicate your preference.

I would like a Summary Care Record containing details of my medications, allergies and any bad reactions to medication.	
I would like a Summary Care Record containing details of my medications, allergies, bad reactions to medication AND any additional information useful for my care.	
I do not want to have a Summary Care Record (opt out)	

ONLINE ACCESS TO ONLINE SERVICES

The clinical system we use at North Chelmsford Healthcare Centre is called SystemOne. This system offers patients over the age of 16 the option to enrol in online services in order to book appointments, request repeat prescriptions and access their summary care record through a web page or app. If you are not the patient (i.e. you are a parent or carer) and you wish to access these online services on their behalf then please ask for information about proxy access. **If you would like to enrol in this service please ensure you bring one form of photographic ID (passport or driving license) plus an additional proof of address when returning this form.**

I wish to have access to the following online services (please tick all that apply):	
Booking appointments	

Requesting repeat prescriptions	
Summary Care Record	

ONLINE ACCESS TO YOUR DETAILED CODED RECORD

SystemOne offers patients the option to see their detailed coded record online via a webpage or app. A detailed coded record includes the following information:

- Demographic
- Allergies/adverse reactions
- Medication (dose, quantity, last issued date)
- Immunisations
- Results (numerical values and normal ranges)
- Values (BP, PEFR)
- Problems/diagnoses
- Procedure codes (medical or surgical) and codes in consultation (signs, symptoms)
- Codes showing referral made or letters received (no attachments)
- Other codes (ethnicity, QOF)

Detailed coded records do not contain free text or letters and so may not always be easy to understand. Please read our leaflet 'Online Access to Medical Records' for more information on this service and some abbreviations that might help you.

I wish to have access to my medical record online (please tick if you would like access)	
In order for access to be granted the following boxes must be agreed. Please read each box and tick to confirm that you understand and agree with each statement.	
1. I have read and understood the information leaflet provided by the practice	
2. I will be responsible for the security of the information that I see or download	
3. If I choose to share my information with anyone else, this is at my own risk	
4. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	
5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	
6. If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible	

Patients Signature:	Date:
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FOR PRACTICE USE ONLY

Form Received and Checked By:		
Patient NHS Number:		Practice Computer ID Number:
Identity verified by (initials):	Date:	Method: <input type="checkbox"/> Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence
Authorised By:		Date:
Date online services account created:		
Date online services passphrase picked up:		