

Do you have any special communication needs? Yes No

If yes: Sign Language Large Print Other

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Data Sharing

Please complete the information below with your choices on sharing your data and hand to Reception

Name:

Date of Birth:

Address:

Data for research

I do not wish identifiable data about me to leave the practice

I do not wish data about me to be shared by HSCIC

Summary care Record

I do not wish to have a Summary care Record
(N.B. this will mean NHS Healthcare staff caring for you may not be aware of your current medications, any allergies or reactions to previous medication)

Hampshire Healthcare Record

I do not wish to have a Hampshire Healthcare Record

TPP SystemOne

I agree to information about me being shared with other services using TPP medical systems

I do not agree to information about me being shared with other services using TPP medical systems

I agree to the practice seeing information recorded at other services using TPP systems.

I do not agree to the practice seeing information recorded at other services using TPP systems.

Health Check Programme

I agree to being invited for screening programmes by the data processor

I do not agree to being invited for screening programmes by the Data Processor.

Signature:

Date: