**Data Sharing**

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

Name: …………………………………………………………………………………... Date of Birth: ……………………

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

……………………………………………………………………………………………………………………………………………

GP: ……………………………………………………………………………………………………………………………………..

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

**Data for research**

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

for opt out please visit: **https://digital.nhs.uk/services/national-data-opt-out**

**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.)

**Care & Information Exchange (CHIE) Record**

I do not wish to have a CHIE Record

**TPP SystmOne**

Information may be shared with other NHS services delivering direct care to the patient. Other NHS organisations may view your record with your consent at the time.