

NAME:

DOB:

SIGNATURE:

DATE:

SHARING OF PATIENT INFORMATION

A patient can choose to allow information that has been entered into their records to be accessed by other health organisations that use the same computer systems (such as out of hours).

Sharing Out

Do you consent to the sharing of data recorded here with other health organisations that may care for you now or in the future?

Yes – Consent to Share

No – Do not share

Sharing In

Do you consent to this practice viewing data that has been recorded by other health organisations?

Consent given to view data

Consent refused to view data

If you would like further information please ask at reception.