



Registration at the Practice

Please provide photo identification and the following information.

Drivers Licence Passport Other (please state: _____)

Name _____ Date Of Birth _____ Signature _____

Address _____

If you are filling in this form on behalf of another person or child, please provide the following:

Your Name _____ Relationship to Patient _____

Your Electronic Patient Record & the Sharing of Information
- A Patient's Guide

Please read this leaflet carefully. It will give you information about the sharing of your electronic patient record and the choices you need to make

Today, electronic records are kept in all the places where you receive healthcare. These NHS Care Services can usually only share information from your records by letter email, fax or phone. At times, this can slow down your treatment and mean information is hard to access.

Your GP practice uses a computer system called SystemOne that allows the sharing of full electronic records across different NHS Care Services. We are telling you about this as a patient at this practice as you have a choice to make about how your practice shares information about your care from your electronic patient record. This form is not about your Summary Care Record (SCR), it is asking your sharing preferences regarding your full electronic GP record. You can choose to share or not to share your electronic GP record with other NHS Care Services.

How is my decision recorded?

Your GPs computer system has two settings to allow you to control how your medical information is shared:

Sharing Out – This controls whether your full GP electronic patient record can be shared with other NHS Care Services where you are treated. Please record your preference:

Please tick: Sharing Out **Yes** (shared) or **No** (not shared)

Sharing In – This controls whether you agree for this practice to view information you've agreed to share at other NHS Care Services. Please record your preference:

Please tick: Sharing In **Yes** (viewable) or **No** (not viewable)

Patient Signature: _____ **Date:** ____/____/____