

IMPORTANT NOTICE TO OUR PATIENTS

Dear Patient,

The 'Summary Care Record' is a centrally stored electronic copy of your GP medical record, allowing access by authorised healthcare staff outside of the Health Centre, should you require medical assistance out of normal Health Centre hours, or whilst temporarily staying elsewhere in the country.

Before any part of your GP record is uploaded to this central 'Spine', your prior consent is required. It is important that you choose one of the following three options and inform us of your decision by completing and returning the slip **below**, either by post or in person (please do not do this by telephone or during a GP consultation).

The three choices are explained here:

**Full consent** enables all of your medical record to be viewed by authorised healthcare staff

**Partial consent** only uploads your medication and any known allergies we have recorded

**No consent** - if you choose this option, NONE of your medical record will be uploaded to the National Spine and therefore other clinicians will not be able to view any part of it

If you would like further information before completing the slip at the bottom, please visit:  
<http://systems.hscic.gov.uk/scr/patients>

*Complete and tear/cut along this line*

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SUMMARY CARE RECORD

Please choose ***one*** of the following three options by ticking the box to the left of your preferred choice, complete and sign the bottom and return it to a member of our staff.

1)  I understand the above information and give **PARTIAL** consent, allowing only details of my medication and known recorded allergies in my GP record to be uploaded

2)  I understand the above information and give **FULL** consent, allowing **ALL** of my GP records to be uploaded

3)  I understand the above information and **DO NOT** give my consent to have any part of my GP record uploaded

Please print your name and date of birth clearly. Please do not enter details of other patients apart from yourself, unless you are completing it on behalf of a child under the age of 16 (separate slip for each patient, please).

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_