

# Box Surgery Data Sharing

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

**Name:** ..... **Date of Birth:** .....

**Address:** .....  
.....  
.....

## Summary Care Record

A Summary Care Record contains important information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines that you have had. This will only be shared with other National NHS bodies directly involved with your care.

**Please tick your choice**

I DO wish to have a Summary Care Record

I DO NOT wish to have a Summary care Record

*If you opt out of Summary Care Record this will mean NHS Healthcare staff e.g. Hospitals, Out of Hours Services caring for you may not be aware of your current medications, any allergies or reactions to previous medication.*

*Also, we will not be able to send your prescription to a pharmacy electronically as these are using the same computer system.*

*Opting out of this will **not** stop you from being able to order your prescriptions online.*

## Summary Care Record Additional Information

With your consent, additional information can be added to create an enriched Summary Care Record. This could include your care plans which will help ensure you receive the appropriate care in the future. Care professionals will ask for your permission to view your SCR.

I DO wish to have Summary Care Record with Additional information

I DO NOT wish to have Summary Care Record with Additional information

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## TPP SystemOne Data Sharing

The TPP system is the clinical computer system we and other local NHS services are using.

### Consent

**Please tick your choice**

I AGREE to information about me being shared with other NHS services using TPP medical systems and to the practice being able to see the information recorded by those other users.

### Dissent

I DO NOT AGREE to information about me being shared with other NHS services using TPP medical systems and to the practice being able to see the information recorded by those other users.

Signature of Patient: .....

Date signed: .....