

Box Surgery TPP SystemOne Data Sharing

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

Name of patient:

Date of Birth:

Address:

.....
.....
.....

Only provide details if you are completing this on someone's behalf:

Name:

Relationship to the patient:

TPP SystemOne Data Sharing

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

Please tick your choice

Consent

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.

Signed:

Date: