

Gudge Heath Lane Surgery

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DATA SHARING - FORM – Patients under 16 years of age

- please return this form to the surgery for us to action your preferences.

Having read the information supplied on registration at the surgery and available from reception or the surgery website www.gudgeheathlanesurgery.co.uk I give my preference, re the sharing of my child's medical record, below. (Please indicate if you consent or refuse consent and return this form to the surgery)

Child's name:.....**DOB**.....

I consent to share my child's medical record as per the information provided on the Privacy Notices and *(Surgery Admin –change sharing consent - SCR and EMIS sharing preferences)*

OR

I refuse consent to share my child's medical record.
(Surgery admin – code - no consent for electronic record sharing - and change sharing consent, SCR and EMIS sharing preferences))

If you wish to discuss your preferences for sharing your child's medical information in more detail please contact the surgery and the Practice Manager will be very happy to arrange for a discussion to take place either over the phone or in person.

The NHS National Data Opt-Out is a new service that allows patients to opt out of their confidential patient information being used for research and planning. For more information please go to www.nhs.uk/your-nhs-data-matters

I understand that this preference will remain in force until such time as I may change my preference, at any time, by contacting the surgery in writing or by completing a copy of this form which can be found on our website or at reception.

The Surgery will contact your child when they become 16 years of age to ensure that at that point their own wishes regarding the sharing of data are taken into account.

Person with Parental responsibility

NAME – please PRINT.....

ADDRESS.....

Signature..... **Date**

Please return this completed form to the surgery. Thank you.