

Consent Form- Sharing of your personal health record/s

- Relevant information about your care is already safely shared between doctors, nurses and other professionals and staff who are providing you with direct care.
- Signing this form is about sharing of your ENTIRE personal health record/s.**
- I { _____ } have been given the opportunity to discuss sharing of and providing access to my personal health record/s. I have also read the accompanying Patient Information Leaflet and where I have asked questions have had these answered satisfactorily.
- Access to my record/s will only be by individuals providing direct care to me. I understand that information is **only** being shared for my direct care.
- I give consent to the following services accessing my personal health record/s. These may include both health and social care records and records held either in paper or electronic form.

Please tick the ALL the appropriate boxes below: I consent for my:

GP and doctor's surgery	Make available	<input type="checkbox"/>	View	<input type="checkbox"/>
Acute hospitals	Make available	<input type="checkbox"/>	View	<input type="checkbox"/>
Emergency and Urgent Health Care Services	Make available	<input type="checkbox"/>	View	<input type="checkbox"/>
Community Services	Make available	<input type="checkbox"/>	View	<input type="checkbox"/>
Mental Health Services	Make available	<input type="checkbox"/>	View	<input type="checkbox"/>
Social Services	Make available	<input type="checkbox"/>	View	<input type="checkbox"/>
Child health Services	Make available	<input type="checkbox"/>	View	<input type="checkbox"/>
Ambulance Services	Make available	<input type="checkbox"/>	View	<input type="checkbox"/>

Make available: Consent for a service to make my personal health record available to other services who obtain my consent to view my record/s.

View: Consent for a service to view my personal health record/s that have been made available by other services.

- I understand that I have the right to change my mind regarding these choices at any time and that I can discuss this with staff providing me with care.

****If you have any doubts or concerns about consenting to any of the above DO NOT sign this form until you have had the chance to discuss this and are clear about implications of providing consent**.**

Patient Signature _____ Date of signature _____
 Patient Name _____ Patient date of birth _____

Countersign: I have consulted the "Guide for Professionals Obtaining Explicit Informed Consent" and I confirm that the patient or service user above has been fully informed and is able to give explicit informed consent to the choices on this form.

Staff Signature: _____ Date of signature: _____
 Staff Name: _____
 Organisation: _____ Position Held: _____
 GP surgery: _____

*Patient choice/s
 actioned on:*

Patient Information Leaflet: Consenting to sharing of your personal health record/s

The current position

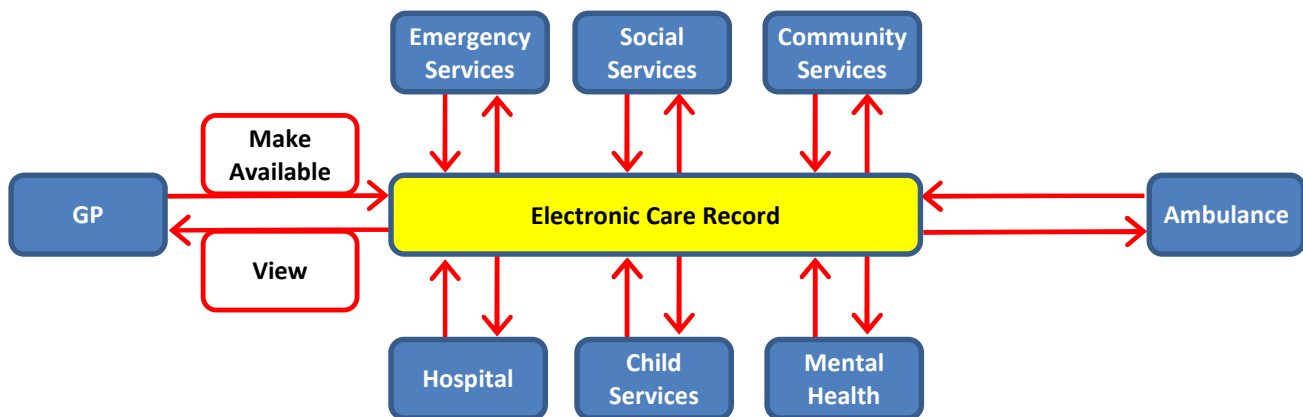
Personal information about you is often held by different services on different systems that don't automatically communicate with each other. We rely on telephone calls, faxes and letters to communicate relevant information between different care providers, eg a GP and the acute hospital, which can be slow and an inefficient process.

Sharing your personal health record/s

The Health and Social care services in Nottingham City and Nottinghamshire would like to improve the care we provide by sharing record/s between services who are involved in your direct care. You will benefit by the professionals and staff involved in providing direct care to you having more complete information available to make it easier to provide more co-ordinated care, less duplication and less delay in your care.

The future position

In the near future we are moving towards creating a joined up Electronic Care Record rather than paper-based records. Your consent will therefore ensure all your care information is shared into one record viewable by everyone who provides direct care to you.



What information is held in my different electronic record/s?

Health and Social care services you access hold electronic records about you, this is where all your information is securely stored. You have a right to request access to information held about you and/or discuss with the staff member providing you with care what information is held about you and why.

Who can access my Electronic Care Record?

Only Health and Social care professionals who are directly involved in looking after you can access your different record/s and in the near future your shared electronic care record.

These care professionals are regulated (i.e. have contractual and professional obligations) to keep your information confidential and secure at all times. Only in exceptional circumstances will your health or social care information be shared outside your care environment without your consent (e.g. safeguarding, wider public interest, assisting the police with a serious crime or because of another statutory basis).

Access to your electronic care record is also audited to ensure legitimate access and you have a right to request an audit trail (a list of who has accessed your electronic record).

As indicated below you have the right to decide who you make your entire record/s available to and what record/s you want each service you receive care from to be able to see.

GP and doctor's surgery	Make available	<input type="checkbox"/>	View	<input type="checkbox"/>
Acute hospitals	Make available	<input type="checkbox"/>	View	<input type="checkbox"/>
Emergency and Urgent Care Services	Make available	<input type="checkbox"/>	View	<input type="checkbox"/>
Community Services	Make available	<input type="checkbox"/>	View	<input type="checkbox"/>
Mental Health Services	Make available	<input type="checkbox"/>	View	<input type="checkbox"/>
Social Services	Make available	<input type="checkbox"/>	View	<input type="checkbox"/>
Child health Services	Make available	<input type="checkbox"/>	View	<input type="checkbox"/>
Ambulance Services	Make available	<input type="checkbox"/>	View	<input type="checkbox"/>

Make available: Consent for a service to make my personal health record **available** to other services who obtain my consent to view my record/s.

View: Consent for a service to **view** my personal health record/s that have been made available by other services.

What if I don't agree to sign this form? Or tick any of the sharing options?

If you do not consent to share records between services, they will not be able to see or have access to your whole records: for example, your GP will only see your GP record, your community nurse will only see your community nursing record, and so on.

Health and social care professionals still have a legal duty to share essential information about their patients and services users (for example, about medication which may affect care/treatment given to you by other services). Limited information about you will still be shared between the professionals and staff who are involved in your direct care, so that they can ensure that you receive safe and effective care, **unless** you tell them explicitly that you do not consent for this. Before taking this decision, please discuss the changes that may be needed to your care plan with the health professional providing you with care.

What if I change my mind about what sharing options I have agreed to?

If you change your mind and no longer wish your record/s to be shared, inform the relevant health or social care professional who is involved in looking after you and they can change your consent choices. If you have any concerns, please discuss these with the health or social care professional involved in providing you with care.

Want to know more?

Any organisation that holds personal information about you is obliged to tell you how it uses that information. This is known as a 'Privacy Notice' or 'Fair Processing Notice'. Please ask your health and social care providers for this information if you require it: in many cases it will be published on the organisations' websites.

Guide to Professionals in Obtaining Explicit Informed Consent from Patients and/or Service Users

THIS CONSENT FORM APPLIES TO ADULTS OVER THE AGE OF 16 OR CHILDREN WHO ARE 12 OR ABOVE AND CONSIDERED FRASER COMPETENT. IN ALL CASES ONLY PERSONS WHO HAVE MENTAL CAPACITY (TO UNDERSTAND AND RETAIN THIS INFORMATION) CAN CONSENT TO THE SHARING VIA THIS FORM.

Ensure the following points are explicitly discussed with the patient/service user in conjunction with the Patient Information Leaflet: ensure that they have read and are provided with a copy of the leaflet. They may also see this guidance if they wish.

1. **Entire record:** The information held in any Electronic Shared Record is ALL the health and or social information recorded. Therefore ticking the appropriate consent options provides for sharing of the entire record between health and social care professional providing direct care.

If the patient and or service user is aware of information they do not wish to share, or have any concerns or doubts, the person should be given the opportunity to discuss this with the relevant information holder, usually the GP, but could be any record holder, BEFORE GIVING CONSENT.

2. **Legitimate access:** Only health and social care professionals directly involved in providing care will have access to patient/service users entire records and those professionals must have a legitimate reason for accessing the record.

There are checks in place to audit unauthorised or illegitimate access to the record. The patient/service user can request an audit at any time to ascertain who has accessed their electronic record/s.

Registered professionals have a contractual and professional obligation to keep information confidential and secure. Please ensure that the patient understands that in exceptional circumstances providers may be provided with authority to share and are required to share health or social care information outside the care environment without patient/service user consent (e.g. safeguarding, wider public interest, assist the police with a serious crime or other statutory basis).

3. **Record sharing in the patient's 'best interests':** There may be rare occasions where a health professional decides it is in the patient's best interest to share their record/s; this usually is in cases where the patient may lack capacity to consent and for life-threatening conditions requiring treatment. It is good practice to discuss record sharing with family or carers.
4. **Option to revoke consent choices:** The patient/service user is entitled to revoke consent at any time. If you are informed that the patient either no longer wishes to share your services record/s or consents for your service to view a record then this needs to be actioned. However, for continuity of care and patient safety reasons the dissent will apply only at the point in time going forward and any information previously shared will remain.
5. **Implications for care:** Please ensure that the patient and or service user understands any implications of sharing or not sharing their records between different organisations providing direct care.

Ensure the patient has TICKED the appropriate option boxes to make available or consent to view of the different record/s and that they have fully completed the form. You must also countersign the consent form.

ACTION (TBC) forward the completed consent form to the patient or service user's GP.