

## Information for new patients: about your Summary Care Record

## **Dear Patient**

If you are registered with a GP practice in England you will already have a Summary Care Record (SCR), unless you have previously chosen not to have one. It will contain key information about the medicines you are taking, allergies you suffer from and any adverse reactions to medicines you have had in the past.

Information about your healthcare may not be routinely shared across different healthcare organisations and systems. You may need to be treated by health and care professionals that do not know your medical history. Essential details about your healthcare can be difficult to remember, particularly when you are unwell or have complex care needs.

Having a Summary Care Record can help by providing healthcare staff treating you with vital information from your health record. This will help the staff involved in your care make better and safer decisions about how best to treat you.

## You have a choice

You have the choice of what information you would like to share and with whom. Authorised healthcare staff can only view your SCR with your permission. The information shared will solely be used for the benefit of your care.

Your options are outlined below; please indicate your choice on the form overleaf.

- a) **Express consent for medication, allergies and adverse reactions only.** You wish to share information about medication, allergies and adverse reactions only.
- b) Express consent for medication, allergies, adverse reactions and additional information. You wish to share information about medication, allergies and adverse reactions and further medical information that includes: Your significant illnesses and health problems, operations and vaccinations you have had in the past, how you would like to be treated (such as where you would prefer to receive care), what support you might need and who should be contacted for more information about you.
- c) Express dissent for Summary Care Record (opt out). Select this option, if you DO NOT want any information shared with other healthcare professionals involved in your care.

Please note that it is not compulsory for you to complete this consent form. If you choose not to complete this form, a Summary Care Record containing information about your medication, allergies and adverse reactions and additional further medical information will be created for you as described in point b) above.

The sharing of this additional information during the pandemic period will assist healthcare professionals involved in your direct care and has been directed via the Control of Patient Information (COPI) Covid-19 – Notice under Regulation 3(4) of the Health Service Control of Patient Information Regulations 2002.

If you choose to complete the consent form overleaf, please return it to your GP Practice.

You are free to change your decision at any time by informing your GP Practice.



## **Summary Care Record Patient Consent Form**

Having read the above information regarding your choices, please choose **one** of the options below and return the completed form to your GP Practice:

Yes – I would like a Summa	ry Care Record		
☐ Express consent for med or	cation, allergies and adv	erse reactions only.	
☐ Express consent for med	cation, allergies, adverse	e reactions and additional information.	
No – I would <u>not</u> like a Sum	mary Care Record		
☐ Express dissent for Sumn	nary Care Record (opt ou	t).	
Name of Patient:			
Address:			
Postcode:	Date of	Birth:	
NHS Number (if known):			
Signature:		Date:	
If you are filling out this form above; you sign the form above	•	erson, please ensure that you fill out their detatails below:	ails
Name:			
Please circle one: Parer	t Legal Guardian	Lasting power of attorney for health and welfare	

If you require any more information, please visit <a href="http://digital.nhs.uk/scr/patients">http://digital.nhs.uk/scr/patients</a> or phone NHS Digital on 0300 303 5678 or speak to your GP practice.