



Local Opt In/Out Patient Choice Form for a Child

For more information on data sharing please see our web site under GDPR and also www.nhsdatasharing.info.

Please delete as appropriate: *Please note that by opting out of the SMS Texting ,EMAIL or Telephone notifications, you will not receive appointment reminders or health information*

To receive SMS text reminders for appointments and/or health promotion information	YES	NO
To receive Email reminders for appointments and/or health promotion information	YES	NO
To receive telephone reminders for appointments and health promotion information	YES	NO
To give consent for the use of video consultations	YES	NO

The following options are for data sharing related to your direct health care. It is important you let us know your choices. You have the right to change your mind at any time

The Summary Care record is a national record which can be accessed by healthcare professionals who may need to treat you in other parts of the country. It contains information on your main diseases, medications, allergies, immunisations, care plans and significant medical history (past and present) which may be crucial to your care in an emergency situation. If you do not want your data to be available to other services on the national spine, please let the practice know and we will ensure you are **Opted out** of this data sharing

The Summary Care Record— Please opt me out of the Summary Care Record (If you have selected YES to the above option <u>do not</u> tick the 2 options below)	YES	NO
I Express consent for medication, allergies and adverse reactions only.	YES	
I Express consent for medication, allergies, adverse reactions and additional information.	YES	

The Care and Health Information Exchange, (CHIE) - Please Opt me out of the Hampshire CHIE **YES** **NO**

CHIE is a Hampshire wide database which healthcare professionals in other practices and the local hospitals can access if they need to treat you. They can ask you to view your practice record, such as when you visit a local Hub – and this may be important to providing you with the correct care. It is not available to health services outside of Hampshire – who would use the Summary Care Record to obtain important information about you.

I understand that I can opt in/out to any or all of these databases at any time in the future by informing the Practice in writing.

On behalf of Patient Name: _____ Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____