

THE HEATH AND SOUTH PARK SURGERIES

**PATIENT ENHANCED DATA SHARING MODEL (EDSM) CONSENT FORM**

Name of Patient: ..... Date of Birth .....

Address: .....

Postcode: ..... NHS No: .....

Enhanced Data Sharing (EDSM) is different from the Care Data Sharing on which you will all have received a leaflet of explanation from the Government.

Enhanced Data Sharing is the sharing of Data between different healthcare organisations and Public Health organisations, such as community nurses or podiatry.

By completing this form, I confirm I have read and understood the leaflet “Your electronic patient record and the sharing of information – a patient’s guide”.

**SHARING OUT**

Sharing out means that any information we have recorded at the Surgery (all consultations, results, medication etc) will be available only for other healthcare organisations to see if you allow them to. This will make all information added at the Surgery shareable to other healthcare organisations.

You can always change your mind, but if you have chosen to share information with other healthcare organisations and then decide against it, we cannot retrieve any information already shared.

Option 1: I confirm that I DO wish to make ALL information from The Heath and South Park Surgeries shareable to other healthcare organisations.

Signature: ..... Date: .....

Option 2: I confirm that I DO NOT wish to make ANY information from The Heath and South Park Surgeries shareable to other healthcare organisations.

Signature: ..... Date: .....

**SHARING IN**

Sharing In means The Heath and South Park Surgeries will be able to see all information added by other healthcare organisations. This will only happen if you have consented to share information out at the other organisation.

Option 1: I confirm that I DO wish to allow The Heath and South Park Surgeries to view information added at other healthcare organisations.

Signature: ..... Date: .....

Option 2: I confirm that I DO NOT wish to allow The Heath and South Park Surgeries to view information added at other healthcare organisations.

Signature: ..... Date: .....

Please note that you can still request the clinician to mark individual entries in your patient record as “Private”. These entries will not be visible at any care service other than the one that recorded the information.