

The Quarter Jack Surgery



Sharing your Medical Information opt out/in form

Surname	Date of birth
First name	NHS No.
Address (including postcode)	
Email address (by providing this we will assume permission to include with details passed to the National Spine)	
Telephone number	
Mobile phone number: (by providing this we will assume permission to include with details passed to the National Spine)	
<p>I give consent for reminders/messages to be sent as SMS text messages to the mobile telephone number on my records (tick mobile number as preferred method of contact) Signature:</p> <p>..... <input type="checkbox"/></p>	
I confirm I have read 'The Quarter Jack Surgery Sharing your Medical Information' leaflet <input type="checkbox"/>	
<p>As we feel this access will enhance patient care we will automatically 'opt you in' to both parts of the scheme.</p> <p>If you wish to opt out of either or both options, please indicate below:</p>	
I do not wish my data to be 'shared in' from other NHS organisations <input type="checkbox"/>	
<p>For office use: Administrative Tree/Record Sharing/set preference <input type="checkbox"/></p>	
I do not wish my data to be 'shared out' with other NHS organisations <input type="checkbox"/>	
<p>For office use: Administrative Tree/Record Sharing/set preference <input type="checkbox"/></p>	
Signature:	Date:
Please note, opting out of Sharing will not affect your preference for Summary Care Record. You are free to change your mind at any time.	

<p>If you have previously opted out of SystemOne sharing but now wish to opt back in, please sign here:</p> <p>For office use: Administrative Tree/Record Sharing/set preference <input type="checkbox"/></p>
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