

# Who can see my health record?

To treat you safely and well, it is important that professionals you see can access your health record.

Only by letting your GP surgery know it is ok will your notes be available to be seen by other health care professionals that use the same clinical system (SystemOne) such as community services, paramedics or district nurses.

## How do I make my record available to health professionals?

Simple. Complete this form and hand it into your GP surgery.

Full Electronic Health Record
Your full electronic health record is held by your GP surgery. It can also be made available to health and social care staff, if they are involved in your direct care. <b>Staff must still ask for your permission before they look at your record.</b> This also allows your surgery to see what other staff are doing to support and treat you. If there are certain parts of your record that you wish to keep private, your surgery can do this.

## Does this mean anyone can just look at my record?

**No.** Your record can only be seen by staff who are currently involved in your direct care, have a need to see it, and have asked for your permission.

## Are you going to sell the information in my record?

**No.** Information that is shared when you complete this form is only ever available to staff for the purposes of your care, nothing else.

## Can I change my mind?

**Yes.** Just tell your surgery and they can update your decision at any time.

## **YOUR decision to agree (please tick)**

Yes, I am happy for my full health record to be shared by my GP surgery. This will be available to health and social care professionals who are currently treating me, and have my permission to view it.	<input type="checkbox"/>
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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_ Todays Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If you are filling in this form on behalf of another person, please ensure that you fill in their details above; you sign the form above and provide your details below:

Name: \_\_\_\_\_  Parent  Legal Guardian  Lasting power of attorney

For more information about sharing please see our website <https://bit.ly/2AVrgLJ>