

The Kirklands Surgery - Data Sharing

Please complete the information below with your choices on sharing your data and hand to Reception

**Name:** ..... **Date of Birth:** .....

**Address:** .....

**Data for research**

I DO NOT WISH identifiable data about me to leave the practice

I DO NOT WISH data about me to be shared by HSCIC

**Summary care Record**

I WISH to have a summary care record

I DO NOT WISH to have a Summary care Record  
(N.B. this will mean NHS Healthcare staff caring for you may not be aware of your current medications, any allergies or reactions to previous medication.)

**Hampshire Healthcare Record**

I DO NOT WISH to have a Hampshire Healthcare Record

**TPP SystemOne**

I agree to information about me being shared with other services using TPP medical systems

I do not agree to information about me being shared with other services using TPP medical systems

I agree to the practice seeing information recorded at other services using TPP systems.

I do not agree to the practice seeing information recorded at other services using TPP systems.

Signature:.....

Date:.....

Office used: completed date..... Signature.....