## 

Dear Patient

Thank you for choosing to register with our doctor’s surgery. In order to complete the registration process we ask that you fill in the **compulsory** information on the relevant forms.

These are;

* **Full, correct name and address**
* **Contact number** including mobile telephone number and email address
* **Ethnic Origin**
* **First Spoken Language**
* **All childhood immunisations for each of your children under 19 years**
* **For children under the age of 18 we ask that you provide their original birth certificate** (copies will not be accepted) For all patients 18 and over we require **one of the following** from each list.

Documentation required

* **Immunisation records for each of your children under 19 years ( practice will take a photocopy)**

To confirm identity:

Preferably phot ID Such as:

* A valid passport, driving licence, valid EU National ID card

If you do not have any photo ID we can accept the following:

* An original UK birth certificate (with original marriage certificate, if your name has changed)
* Marriage or Civil partnership certificate (UK and Channel Islands)
* Birth certificate
* HM Forces ID card

Documents to confirm residency:

* UK bank/building society statement issued within the past 3 months
* Council tax statement issued within the past 12 months
* Benefit statement, e.g. pension, Tax credit or Child Tax Credit form HMRC issued within the past 3 months
* Sponsorship letter form you Employer/ future employer (for non-UK, non-EAA applicants only)

Please not that photocopies of documents are not acceptable.

NHS England’s Care Data – Registration an objection

NHS England’s care data system aims to provide timely, accurate information to citizens, clinicians and commissioners about their treatments and care provided by the NHS.

Please refer to the NHS England’s care data patient information leaflet before completing this form.

The NHS England’s care data patient information leaflet can be found in our surgery waiting room; or on the NHS England website (www.england .nhs.uk/ourwork/tsd/care-data)

If you do not want your information that identifies you to be shared outside you GP practice, you can ask your practice to make note of this in your medical record. This is called an objection. An objection will prevent you confidential information being used other than where there are exceptional circumstances or where the law allows your information to be shared.

OBJECTIONAL FORM – Confidential

A - Please tick the box if you do not want any information containing data that identifies you from leaving the practice. This type of objection will prevent the identifiable information held in your GP record from being sent to HSCIC secure environment. It will also prevent those who have gained special legal approval from using your health information for research. The surgery will block the uploading of your identifiable and personal information to HSCIC.

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B – Please tick this box if you do want information containing data that identifies you from leaving the HSCIC secure environment. This includes information from all places you receive NHS care, such as hospitals. If you object, confidentiality information will not leave the HSCIC and be used in this way, except in very rare circumstances for example in the event of civil emergency. The surgery will code your record which will alert the HSCIC not to use your information this way.

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If you wish to cancel at any time in the future please let reception know

C – Please complete in BLOCK CAPITALS

Title……….. Surname/Family name………………………………………………………………………….

Forename……………………………………………………. Date of birth……………………………………..

Address…………………………………………………………………………………………………………………….

Postcode…………………………… Phone No……………………………………………………………………..

Signature………………………………………………………….. Date………………………………………………

D – If you are filling out this form on behalf of another person or child. Please ensure you fill out there in Section C and your details in section D.

You’re Name……………………………………………………………………………………………………………….

Signature……………………………………………………………………………………………………………………

Relationship to patient…………………………………………………………………. Date…………………..

Please return this form to reception and your records will be coded accordingly

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| **SCR logo** | skyline 4 -blue |

**Summary Care Record and Oxfordshire Care Summary – your choice**

Please note that these records are ***NOT CONNECTED*** with the Health and Social Care Information Centre (HSCIC) single database care. Data project, and will be used ***only*** for the purpose of enabling informed care to be supplied directly to you as an individual.

Your patient record is held securely and confidentially on the electronic system at your GP practice.

If you require treatment in another NHS healthcare setting such as an Emergency Department or Minor Injury Unit, those treating you would be better able to give you appropriate care if some of the information from the GP practice were available to them.  
This information can now be shared electronically via:

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| 1. | **The Summary Care Record:** | used nationally across England |
| 2. | **The Oxfordshire Care Summary:** | used locally across Oxfordshire |

In both cases, the information will be used ***only by authorised health care professionals directly involved in your care***. Your permission will be asked before the information is accessed, unless the clinician is unable to ask you and there is a clinical reason for access.

***For more details of both records, please see overleaf.***

A parent or guardian can request to opt out children under 16 but ultimately it is the GP’s decision whether to create the records or not, because of their duty of care to the child. If you are the parent or guardian of a child under 16 and feel that they are able to understand, then you should make this information available to them.

Are you happy for us to share this electronic information with clinicians in other NHS organisations who are involved in your care? If you would rather we didn't, we will put an entry on your record which will prevent your information from being shared.

**Please select ONE option in the tables below and complete patient details** **overleaf.**

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| ***Your Choice*** | | | | | | | ***Please tick  one box only*** |
| I would like my information shared *both* through the Oxfordshire Care Summary Record and through the Summary Care record | | | | | | |  |
| I would like my information shared through the Oxfordshire Care Summary but ***not*** though the Summary Care Record | | | | | | |  |
| I would like my information shared through the Summary Care Record but ***not*** through the Oxfordshire Summary Care Record | | | | | | |  |
| I do ***not*** want my information shared through the Oxfordshire Summary Record or the Summary Care Record | | | | | | |  |
| ***Patient details* (please write in CAPITAL LETTERS)** | | | | | | |
| **Title:** |  | **Forenames**: |  | | | |
| **Surname/Family name:** | |  | | | | |
| **Address:** |  | | | | | |
| **Phone number(s):** |  | | | | | |
| **Date of birth:** |  | | | **NHS number (if known):** |  | |
| ***If the person signing below is not the patient, please also enter the signatory’s name and relationship to the patient, e.g.* PARENT, GUARDIAN, ATTORNEY** | | | | | | |
| **Full name:** |  | | | **Status:** |  | |
| **Signature:** |  | | | **Date:-** |  | |

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| ***Differences between the Oxfordshire Care Summary and the Summary Care Record*** | | |
|  | **Oxfordshire Care Summary** | **Summary Care Record** |
| **Shared** | * Across Oxfordshire * Across health care settings, including urgent care, community care and outpatient departments * With GPs, and with clinicians employed by Oxford Health NHS Foundation Trust and Oxford University Hospitals Trust | * Across England * Across health care settings, including urgent care, community care and outpatient departments * With GPs, and with clinicians employed by Oxford Health NHS Foundation Trust and Oxford University Hospitals Trust |
| **Information source** | * GP record * Other medical records held by different NHS organisations in Oxfordshire | * GP record |
| **Content** | * Your current medications * Any allergies you have * Any bad reactions you have had to medicines * Your medical history and diagnoses * Test results and X-ray reports * Your vaccination history * General health readings such as blood pressure * Your appointments, hospital admissions, GP out-of-hours attendances and ambulance calls * Care / management plans * Correspondence such as referral letters and discharge summaries. | * Your current medications * Any allergies you have * Any bad reactions you have had to medicines * Additional information (upon request to your GP)   For More information visit:   * <http://oxfordshireccg.nhs.uk/your-health/oxfordshire-care-summary/> * [www.nhscarerecords.nhs.uk](http://www.nhscarerecords.nhs.uk) * [www.oxfordshireccg.nhs.uk/your-health/summary-care-record/](http://www.oxfordshireccg.nhs.uk/your-health/summary-care-record/) |