



## Patient Permissions to Share Relevant Information Form

There will be occasions where we will need to share your information with other organisations listed below in order for you to receive the best care and service. There is a formal information sharing agreement in place with these organisations. To help us provide you with the best service only relevant information will be shared with the organisations below when necessary.

GP practices	Agree to Medical records to be transferred to new surgery
Social Care Teams	Carers / Domiciliary Care / Social Services
Provider Agencies	Physio / Health Connectors / Podiatry / Mental Health / MASH
Pharmacies	Sending your prescriptions
Out of Hours Service	Calling 111
Ambulance Service	Ambulance Crews / 999 Calls
General hospitals and the departments within / Community Services	Including Neighbourhood Team (District Nursing Team) Referrals to hospitals / Urgent Admissions
Care Homes, Hospices	Local Care Homes, Dorothy house
Other organisations and/or members of your family or friends	Please specify their details in the boxes below

\*Please specify and provide details of other organisations or family members you wish to share or we are able to discuss your medical information with (\*For individuals please include their date of birth & NHS Number (if available):


I the Patient / Patients Representative (please circle) consent to only relevant information being shared with organisations that will be involved in my care. (those organisations named above and the individual/s I have indicated)

<b>Full Name of Patient:</b>	
<b>Date of Birth of Patient:</b>	
<b>Date:</b>	<b>Patient Signature:</b>