



Letter for new patients: important information about your Summary Care Record

The NHS in England has introduced the Summary Care Record, an electronic health record that can be accessed when you need urgent treatment from somebody other than your own GP.

Summary Care Records contain key information about the medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had in the past. You will be able to add other information too if you and your GP agree that it is a good idea to do so.

If you have an accident or fall ill, the people caring for you in places like accident and emergency departments and GP out of hours services will be better equipped to treat you if they have this information. Your Summary Care Record will be available to authorised healthcare staff whenever and wherever you need treatment in England, and they will ask your permission before they look at it.

You need to make a decision

Your GP practice is supporting Summary Care Records and as a patient you **must tick one of the below options**:

Yes, I would like a Summary Care Record.	<input type="checkbox"/>
Yes, I would like a Summary Care Record and additional information	<input type="checkbox"/>
No, I do not want a Summary Care Record (Opting out)	<input type="checkbox"/>

Information leaflets about your “Summary Care Record” and the “Additional Information” option can be requested from reception or found on our website www.mundesleymedical.co.uk or call the Health and Social Care Information Centre on 0300 303 5678.

You are free to change your decision at any time by informing your GP practice.

Children under 16 will automatically have a Summary Care Record created for them unless their parent or guardian chooses to opt them out. If you are the parent or guardian of a child under 16 and feel that they are old enough to understand, please tell them about Summary Care Records and explain the options available to them.

A. Please complete in BLOCK CAPITALS

Forename(s)..... Surname.....

Date of birth..... Your signature.....

B. If you are filling out this form on behalf of another person or a child, their GP practice will consider this request. Please ensure you fill out their details in section A and your details in section B

Your name..... Your signature.....

Relationship to patient

Date