**Permission Agreements for Patients**

**Contact permissions**

Below are some of the ways we would like to contact you to keep you informed. Please tick which ones you are happy for us to use:

* Mobile via Text Messages 🖵 **Yes** 🖵 **No**

* Email Address 🖵 **Yes** 🖵 **No**

**Sharing your information with hospitals and clinics**

The Doctor may wish for you to be referred

to a hospital or clinic for tests or treatment.

This may require them having access to

your medical information to help in your

treatment. Please tick if you are happy with this; 🖵 **Yes** 🖵 **No**

**Summary Care Record**

*What is Summary Care Record?*

*Healthcare staff will have quick access to* 🖵 **Yes I consent** 🖵 **No I do not consent** *medications, allergies.*

**For More information a leaflet is available from Reception.**

**Contacting Next of Kin in an emergency**

Are you happy for us to contact your next of kin in 🖵 **Yes 🖵 No**

an emergency?

**Prescriptions electronically sent to Pharmacy**

We are able to send your prescriptions via the

computer system to a chemist of your choice.

Would you like to use this option: 🖵 **Yes** 🖵 **No**

if so please provide the name of your choice of chemist below:

Name of Chosen Chemist…………………………………………………………………………………………………….

**Online access**

We offer an online service where you are able to have online access to do the following:

🖵 Appointments 🖵 Order Repeat 🖵 View your medical

(book and cancel) Medications records

**If you would like access to this service please bring in Photographic ID so we can issue you with a log on and password.**