

# 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 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.)

## **Dorset Care Record**

I do not wish to have a Hampshire Healthcare Record