![C:\Users\Reception_VILMC\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\G1869IBH\puzzel_samenwerken[1].jpg]()

Sharing Consent Form

\**Please complete the following sharing consent form*\*

The computer system that we operate is used by several other NHS health services, this will ensure that if you are being seen by 1 or more health unit your information can be shared.

Please answer the following questions -

1. The information on our computer to be seen by other NHS organisations/services treating you elsewhere?

 Yes [ ]  No [ ]

1. Village Surgery to see your information from other NHS

services?

Yes [ ]  No [ ]

Name …………………………………………………….………………

Signed …………………………………………………….………………

Date …………………………………………………….………………

\*Please note – If you wish to change your mind at any time just contact the surgery and let us know\*