



## DATA SHARING

Please read and make your selection by ticking the box or boxes next to the right statement. Then please fill out the required information below, sign and date the form and return it to reception.

### Recording Consent of New Patients for Data Sharing Initiatives in Camden

<b>Camden Integrated Digital Record</b> Local Initiative 	Camden Integrated Digital Record (CIDR), enables your Camden care providers, when they are treating you, to view the relevant information about the care you receive, and so give you the best possible care. <b>PLEASE READ ATTACHED INFO</b>	I want to:  Opt in to CIDR. <input type="checkbox"/>  Opt out of CIDR. <input type="checkbox"/> <b>IF YOU OPT OUT YOU MUST COMPLETE THE OPT OUT FORM ATTACHED.</b> <b>ADMIN- do not code opt put.</b>
<b>Summary Care Record</b> National Initiative 	If you have a Summary Care Record your health care providers can view your medication, bad reactions to medications and allergy information when treating you in an emergency or when your practice is closed.	I want to have a Summary Care Record. <input type="checkbox"/>  I do <b>not</b> want to have a Summary Care Record. <input type="checkbox"/>

Name: .....

Date of Birth: .....

Signature: .....

Date: .....