

# Crocus Medical Practice- NEW PATIENT QUESTIONNAIRE



## Information Sharing Consent Form

I hereby give my permission for **Crocus Medical Practice** to share personal information with other service providers in connection with my care, including accessing and sharing my medical, and if applicable, mental health and police records. I agree to a referral being made in order to support my needs. I understand that **Crocus Medical Practice** may hold information gathered about me from the various agencies and as such my rights under the Data Protection Act will not be affected.

### Statement of Consent:

- I understand that personal information is held about me.
- I have had the opportunity to discuss the implications of sharing or not sharing information about me.
- **I agree that personal information about me may be shared and gathered from the following agencies:**
  - NHS and other Health Services, including my GP practice
  - Early Intervention Service including the police
  - Adult Services
  - Mental Health Services
  - Education Support Services
  - Social Care
  - Housing Providers

Are there any agencies you do not want us to share or gather additional information with?  
Please list them here:

---

I **CONSENT** to my information being shared and gathered between services.

I **DISSENT** to my information being shared and gathered between services

**Your consent to share personal information is entirely voluntary and you may withdraw your consent at any time.**

Name .....

Address .....

Post code ..... Date of Birth .....

Signature .....

<b>Taken in by:</b>	<b>Date:</b>	<b>Registered by:</b>