**Record Sharing Preferences**

**Name:**

**Date of Birth:**

**Address:**

An informed patient in consultation with a health care professional can choose to permit or restrict access to the information entered into their records at each system one organisation that access their records.

The patient will be asked to give their record sharing consent at each organisation at which they receive care. **The patient’s consent can be changed at any time**.

**Sharing out** (please circle preferences)

Does the patient consent to the sharing of data recorded here with any another organisation that may care for the patient that use system one?

YES: share data with other organisations

NO: do not share any data recorded here

**Consent not asked**

**Sharing in** (please circle preference)

Consent given

Consent refused

Consent not asked