WINTERTON MEDICAL PRACTICE

Partners:
Dr Patricia A Webster
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Dr Neveen Samuel
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Name:	
Date of birth:	
Address:	

Sharing OUT

Do you consent to the data that is recorded about you here being made available to other NHS organisations that care for you and also use SystmOne?

YES ☐ NO ☐

Sharing IN

Do you consent to allow this organisation to view information about you that has been recorded at other services where you also receive care? (You must also have consented for information to be 'shared out' at these other organisations)

YES ☐ NO ☐

Signature of patient: …….

Date: …….