**SUMMARY CARE RECORD**

What is the Summary Care Record?

Your Summary Care Record will contain important information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines that you have had.

Giving healthcare staff access to this information can prevent mistakes being made when caring for you in an emergency or when your GP practice is closed.

You can choose whether or not have a Summary Care Record.

What Information is included in the Summary Card Record?

If you decide to have a Summary Care Record it will contain important information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines that you have had.

You may want to add other details about your care to your Summary Card Record. This will only happen if you ask for the information to be included. You should discuss your wishes with the healthcare staff treating you.

Who can see my Summary Care Record?

Only healthcare staff involved in supporting or providing your care can see your Summary Care Record. These:-

* Need to be directly involved in caring for you;
* Need to have an NHS Smartcard with a chip and pass code (like a bank card and PIN);
* Will only see the information they need to do their job; and
* Should have their details recorded.

Healthcare staff will ask your permission every time they need to look at your Summary Care Record. If they cannot ask you, for example if you are unconscious, they may look at your Summary Care Record without asking you. If they do this, they will make a note on your record to say why they have done so.

Is it possible for me to see the information in my Summary Care Record?

You can ask your GP practice to print put a copy of your Summary Care Record from its computer system.

**BELOW YOU HAVE TWO OPTIONS**

Please tick the box of which one you want – then sign and date the form

|  |  |
| --- | --- |
| **I DO** WISH TO HAVE A SUMMARY CARE RECORD |  |
|  |  |
| **I DO NOT** WISH TO HAVE A SUMMARY CARE RECORD |  |

Print Name: …………………………………………………………………………………………….. Signature: ………………………………………………..

If parent or guardian, your name: ……………………………………………………………… Signature ………………………………………………….

DATE: …………………………………………………………………….