

Having read the information regarding the Integrated Care Record and your Practice Privacy Notice you will be able to make an informed decision as to whether you wish to opt in to having an Integrated Care Record in BSW.

To do so please complete the details below and email, or print and post/hand in directly to your practice

I would like a B&NES, Swindon & Wiltshire Integrated Care Record

□ Permit upload to local shared electronic record

Name of Patient:

………………………………………………..…...............................................................

Address:

…………………………………………………………………………………………………

………………………………………………………………………………………………... Postcode: ………………………………………… Date of Birth: ……….........................

NHS Number:

…………………………..………………...........................................................

Signature: Date:

If you are filling out this form on behalf of another person, please ensure that you fill out their details above; you sign the form above and provide your details below:

Name:

…………........................................................................................................................

**Please circle one:** Parent Legal Guardian Lasting power of attorney for health and welfare

**To the practice:**

Please record the relevant code below to add the patient back into the Integrated Care Record:

|  |  |
| --- | --- |
| **TPP Code** | **TPP System Description** |
| **XaKRv** | Consent given for upload to local shared electronic record. |

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