

How do we use your information?

The logo for 'echo' is written in a lowercase, blue, sans-serif font. It is positioned inside a white circle that is set against a light beige background.

Coastal West Sussex

What information will be held about me?

The recording and sharing of your information is crucial to ensuring your decisions and wishes are respected by different staff and organisations. If you give your consent then echo will keep an electronic record of your wishes and preferences for your future care, and agreed care plans and information for professionals delivering your care (for example contact details for your main carer or your medication).

In addition, we may also ask for your permission to access your electronic GP records, so that more detailed information is available to us if you call for advice. If you give us permission, we will be able to access your health record if it has been shared by any other organisations involved in your care that are using the same electronic health records system.

Who will have access to my information?

Computers allow us to share information between staff in different areas, but with strict controls. All information is stored securely. Your information will only be accessed by staff responsible for delivering your care. This may include your GP, ambulance services, hospital teams, hospice, palliative care services, social services and community nursing services. No one without good reason to review your information will be allowed access to it.

Keeping Information Private

While you may agree to share your health record, there might be some information that you wish to keep private and not share with others. If this is the case, you can ask the health professional providing your care to make this section of your record 'Private'. This means that only the organisation who documents the information will be able to see this within your record.

Sharing information without your permission

There may be situations where we do have to share information about you without your permission. For example, to protect the safety or welfare of children or vulnerable adults, when a serious crime has been committed or when there are serious risks to the public or NHS staff. Anyone who receives information for these purposes from us also follows the same strict policies and controls that we use.

Consent

Full Name

Date of Birth NHS Number (if known).....

I consent to be registered with **echo** and for my information to be shared with health and social care professionals involved in my care.

If you do not give permission for your GP to share your medical records with echo and other health professionals involved in your care please tick here

Signed

Date