EVERGREEN OAK AND CREEKMOOR SURGERIES

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DATA SHARING FOR RESEARCH

Data Sharing for Research (Not for Direct Care)

NHS England aims to link information from all the different places where you receive care, such as hospital, community service and us your GP Surgery. This will allow them to compare the care you receive in one area against the care you receive in another.

Information will be held in a secure environment called the Health and Social Care Information Centre (HSCIC). The role of the HSCIC is to ensure that high quality data is used appropriately to improve patient care. The HSCIC has legal powers to collect and analyse data from all providers of NHS care. They are committed, and legally bound, to the very highest standards of privacy and confidentiality to ensure that your confidential information is protected at all times.

This data can also be used, with permission from NHS England, for research purposes.

- You can object to information containing data that identifies you from leaving the Practice.
 This will prevent identifiable information held in your record from being sent to the HSCIC
 secure environment. It will also prevent those who have gained special legal approval from
 using your health information for research.
- You can also object to any information containing data that identifies you from leaving the HSCIC secure environment. This includes information from all places you receive NHS care, such as hospitals. If you object, confidential information will not leave the HSCIC and will not be used, except in very rare circumstances for example in the event of a public health emergency.

emergency.	
If you do not mind your medical data being used for research purposes, you do not need to do anything else.	
☐ I do not wish medical data about me to be shared by HSCIC (XaZ89)	
Please note if you do not want your information shared for Research and Planning, you must also Opt Out centrally via www.nhs.uk/your-nhs-data-matters or call 0300 303 5678	
The Practice can no longer do this for you	
Signature	
Signature	
	☐ Signed on behalf of patient
Name	
Date	