# SystmOne Medical & Communication Consent Form

Definitions: “Havens Hospices” defines Little Havens, Fair Havens and The J’s Hospices

**Name of patient/child:** Click or tap here to enter text.

**NHS Number:** Click or tap here to enter text.

**Date of Birth:** Click or tap to enter a date.

This form’s first page is used for the purpose of obtaining consent to share Medical Record and to Access / Exchange Information with commissioners of the service (e.g. CCG’s, Local Authorities), Social Care and Education Organisations and to obtain consent on the Communication method use with Service User / Parent or Guardian.

**Health Record Consent**

I agree for my health records to be used for the purpose of clinical audit and/or quality audit projects.

**Yes  No**

I agree for information about all aspects of my treatment whilst under the care of Havens Hospices to be shared with other health professionals including commissioners of the service to support my care. This is known as **sharing out.**

**Yes  No**

I give my permission for health records held by other professionals involved in my care to be accessed. This is known as **sharing in.**

**Yes  No**

**Communication Consent:**

**This Communication Consent below relates to information sent from the Medical Record only.**

I prefer Havens Hospice to contact me by (tick only one option)

**Email**  **Letter  SMS  No Communication**

I agree to being contacted by Postal Letter **Yes  No**

I agree to being contacted by email **Yes  No**

**Email Address:**Click or tap here to enter text.

I agree to being contacted by SMS text messaging service:  **Yes  No**

I agree to being contacted by Telephone **Yes  No**

My preferred telephone contact is:

Home Phone  Mobile Phone

**Telephone Number:**Click or tap here to enter text. **Mobile Number**Click here to enter text.

**Name of Person Signing** (please write clearly) Click or tap here to enter text.

**Signature of Service User / Parent or Guardian** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date** Click or tap to enter a date.