

Your Summary Care Record (SCR) and your Summary Care Record with Additional Information (SCRAI)

Dear Patient,

If you are registered with a GP practice in England, you will already have a **Summary Care Record (SCR)**, unless you have previously chosen not to have one. It **only** contains information about the medicines you are taking, allergies you suffer from and any adverse reactions to medicines you have had in the past.

A **Summary Care Record with Additional Information (SCRAI)** contains significantly much more useful information. It can include information about medication, allergies, adverse reactions, your illnesses and health problems, operations, vaccinations, how you would like to be treated (such as where you would prefer to receive care), what support you might need and who should be contacted for more information about you.

Having a **SCR** or **SCRAI** helps by providing the NHS healthcare staff that are treating you with vital information from your health record. This will help the staff (especially if they do not know you) make better and safer decisions about how best to treat you.

You have the choice of what information you would like to share and with whom. Please note only authorised NHS healthcare staff can only view your **SCR** or **SCRAI** with your permission and using an auditable means of access. The information shared will solely be used for the benefit of your care and remains confidential.

At Preston Park Surgery we strongly encourage you to consider opting to have a **Summary Care Record with Additional Information (SCRAI)**, as it contains so much more information and is therefore significantly more useful both to you and the NHS staff treating you.

You have a choice

Having read the above information regarding your choices, please choose **one** of the options below

Yes – I would like a Summary Care Record

- SCRAI** Express consent for medication, allergies, adverse reactions and additional information.
- SCR** Express consent for medication, allergies and adverse reactions only.

or

No – I would not like a Summary Care Record

- Express dissent for Summary Care Record (opt out).

Name of patient:
Date of birth:
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: Patient Legal Guardian Lasting Power of Attorney and Welfare