



INFORMATION ABOUT YOU
WHAT YOU HAVE TOLD US TO DO

Patient Name:
DOB:
NHS No:

Collecting and Sharing Information

We have talked to you about collecting, sharing and storing information about you.

We have asked about looking at your Cheshire Care Record. You have said Yes No

Contact with Family Members and Carers

What has been decided

Copies of Letters

I would like copies of the letters sent to me

I would like copies of the letters sent to my carer

I do not want copies of the letters sent to me or my carer

I would like copies of letters by e-mail

(This must be the service users e-mail)

Patient Signature:

The leaflet 'Information About You' has been discussed with the patient and/or carer by:

Staff Name:

Staff Signature: Date:

The patient has understood the information and has signed the form.

The patient has been unable to understand the information but it has been explained to their carer

(this is not to gain consent but to inform them of the process).

The patient has not signed the form

Reasons:
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The leaflet 'Information About You' will be explained again throughout the patient's treatment.