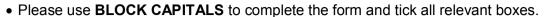
## **ASSIGNMENT FORM**

## PATIENT ASSIGNMENT TO A NHS GENERAL MEDICAL PRACTICE



- Failure to complete this form fully may delay locating any medical records promptly.
- All assignments are issued to practices on a strictly rotational basis.
- Patients are expected to remain with the practice for a minimum of three months.
- Eligibility to use the NHS services depends mainly on residence in the UK, and on other qualifying provisions set out in the Regulations.
- The patient, or their representative, must sign the declaration overleaf.

NHS
National Services Scotland

PERSONAL DETAILS (ALL FIELDS MARKED * ARE MANDATOR	RY AND MUST BE COMPLETED AS FULLY AS POSSILBE)				
WILL YOU BE IN THE AREA FOR MORE THAN THREE MONTHS	S?* YES NO				
IS THIS YOUR FIRST REGISTRATION WITH A GP PRACTICE IN	THE UK? * YES NO				
SURNAME *	TITLE (Not held on CHI)  MALE * FEMALE *				
FORENAME *	MIDDLE NAME *				
PREVIOUS SURNAME * DATE OF BIRTH *					
	D M Y				
CURRENT ADDRESS *					
OSKILENT ABBITESS					
	POSTCODE *				
TOWN OF BIRTH *	COUNTRY OF BIRTH *				
MOTHER'S MAIDEN NAME *	CONTACT TELEPHONE NUMBER (Not held on CHI)				
PREVIOUS ADDRESS IN THE UK *					
	POSTCODE *				
NAME AND ADDRESS OF PREVIOUS REGISTERED GP PRACT	ICE IN THE LIK *				
	POSTCODE *				
COMMUNITY HEALTH INDEX NUMBER  NATIONAL HEALTH SERVICE NUMBER					
OCIVILIZIONI I TILALITI INDEX NOINDEIX	NATIONAL FILALITI OLIVIOL NOMBLIX				

WOUR MOST RECENT COUNTRY OF RESIDENCE IF YOU HAVE SERVED IN THE BRITISH ARMED FORCES:  SERVICE / PERSONNEL NUMBER  ARE YOU A RESERVIST IN ANY OF THE BRITISH ARMED FORCES?  DATE OF YOUR ENLISTMENT  DID M M Y Y DATE OF YOUR LEAVING  BITHIS YOUR FIRST REGISTRATION WITH A GP SINCE LEAVING THE ARMED FORCES?  YES NO  DATE OF YOUR ENLISTMENT  BITHIS YOUR FIRST REGISTRATION WITH A GP SINCE LEAVING THE ARMED FORCES?  YES NO  VOLUNTARY CONSENT TO ORGAN DONATION  I authorise the donation of (Please tick the boxes that apply)  any of my organs and tissue or my  Kidneys Peyes Heart Lungs Liver Pancreas Small bowel Tissue Off transplantation after my death.  PATIENT SIGNATURE  HOW WE USE YOUR INFORMATION  THE INFORMATION YOU HAVE PROVIDED WILL BE USED BY THE GP PRACTICE TO CARRY OUT ITS VARIOUS FUNCTIONS AND SERVICES INCLUDING SCHEDULING APPOINTMENTS, ORCERNIN TESTS, HOSPITAL REFERALS AND SERVICES SIGNATURE SCHEDULING APPOINTMENTS, ORCERNIN TESTS, HOSPITAL REFERALS AND SERVING SCHEDULING APPOINTMENTS AND THE REPORT OF THE SERVICES SCOTLAND WHERE IT WILL BE HELD ON THE COMMUNITY HELD HELD KIND, HIS MYDRIADING SCHEDE TO HER SERVICES SCOTLAND TO ARROW THE ARROW TO THE SERVICES SCOTLAND SHARES INFORMATION AND SERVICES SCOTLAND SHARES INFORMATION AND SERVICES SCOTLAND SHARES INFORMATION AND SERVICES SCOTLAND TO PROCESS AND SERVICES SCOTLAND TO SERVICE SCOTLAND TO ASSIST IN THE PROVISION AND MIRROR SCHEDULING APPOINTMENT AND ASSISTED TO HER SERVICES SCOTLAND TO REPORT AND ASSISTED TO HER SERVICES SCOTLAND SHARES INFORMATION AND SERVICES SCOTLA	IF YOU ARE FROM ABROAD: DATE YOU FIRST CAME TO LIVE IN THE UK?  IF PREVIOUSLY RESIDENT IN THE UK, DATE OF LEAVING.	r				
SERVICE / PERSONNEL NUMBER  ARE YOU A RESERVIST IN ANY OF THE BRITISH ARMED FORCES?  VES NO  DATE OF YOUR ENLISTMENT  D M M Y Y  DATE OF YOUR ENLISTMENT  IS THIS YOUR FIRST REGISTRATION WITH A CP SINCE LEAVING THE ARMED FORCES?  VES NO  VOLUNTARY CONSENT TO ORGAN DONATION  I authorise the donation of (Please tick the boxes that apply) any of my organs and itsus						
ARE YOU A RESERVIST IN ANY OF THE BRITISH ARMED FORCES?  AND  DATE OF YOUR ENLISTMENT  DATE OF YOUR ENLISTMENT  IS THIS YOUR FIRST REGISTRATION WITH A GP SINCE LEAVING THE ARMED FORCES?  YES  NO  VOLUNTARY CONSENT TO ORGAN DONATION  I authorise the donation of (Please lick the boxes that apply)  authorise the donation of (Please lick the boxes that apply)  Ridneys	IF YOU HAVE SERVED IN THE BRITISH ARMED FORCES:					
DATE OF YOUR ENLISTMENT    DATE OF YOUR LEAVING	SERVICE / PERSONNEL NUMBER					
STHIS YOUR FIRST REGISTRATION WITH A GP SINCE LEAVING THE ARMED FORCES?  VOLUNTARY CONSENT TO ORGAN DONATION    Authorise the donation of (Please tick the boxes that apply)	ARE YOU A RESERVIST IN ANY OF THE BRITISH ARMED FORCES?  YES  NO					
VOLUNTARY CONSENT TO ORGAN DONATION  I authorise the donation of (Please tick the boxes that apply) any of my organs and tissue	DATE OF YOUR ENLISTMENT  D D M M Y Y DATE OF YOUR LEAVING  D D M M Y Y Y	r				
Tauthorise the donation of (Please tick the boxes that apply)   any off my organs and tissue	IS THIS YOUR FIRST REGISTRATION WITH A GP SINCE LEAVING THE ARMED FORCES?  YES  NO					
any of my organs and tissue	VOLUNTARY CONSENT TO ORGAN DONATION					
Kidneys	I authorise the donation of (Please tick the boxes that apply)					
FOR TRANSPLANTATION AND LAVE PROVIDED WILL BE USED BY THE GP PRACTICE TO CARRY OUT ITS VARIOUS FUNCTIONS AND SERVICES INCLUDING SCHEDULING APPOINTMENTS, ORDERING TESTS, HOSPITAL REFERRALS AND SENDING CORRESPONDENCE.  YOUR INFORMATION, NOLLDUNG YOUR NAME, GENDER, DATE OF BIRTH AND ADDRESS, WILL BE PASSED TO INIS NATIONAL SERVICES SCOTLAND WHERE IT WILL BE HELD ON THE COMMUNITY HEALTH HODEX (CHI), THIS INFORMATION IS USED TO REGISTER YOU WITH A GP PRACTICE, TRANSFER YOUR MEDICAL SERVICES PROVIDED, AND TO PROCESS AND ISSUE MEDICAL CARDS, MEDICAL SERVICES PROVIDED, AND TO PROCESS AND ISSUE MEDICAL CARDS, MEDICAL SERVICES PROVIDED, AND TO PROCESS AND ISSUE MEDICAL CARDS, MEDICAL SERVICES THAT THE INFORMATION AND INFORMATION OF HIS, WE MAKE SURE THAT THE INFORMATION METHOD CRITIFICATES AND ENTITLEMENT AND AND INTELLEMENT OF THE PUBLIC. WHEN WE DO THIS, WE MAKE SURE THAT THE INFORMATION AND MEROVEMENT OF NISS SERVICES AND THE HEALTH OF THE PUBLIC. WHEN WE DO THIS, WE MAKE SURE THAT THE INFORMATION AND AND TREATMENT HEY OWN AND TREATMENT HORDWARD WILL HOLD THE PUBLIC. WHEN WE DO THIS, WE MAKE SURE THAT THE INFORMATION WHICH COULD IDENTIFY YOU WILL NOT BE USED FOR RESEARCH PURPOSES BY THE NIS UNLESS YOU HAVE CONSENTED TO THIS.  FOR MORE INFORMATION ON HOW NHS NATIONAL SERVICES SCOTLAND USES YOUR PERSONAL INFORMATION VISIT OUR WEBSITE AT WWW. NHSINSS.ORG IF YOU HAVE ANY QUERIES OR CONCERNS ABOUT HOW YOUR PERSONAL INFORMATION SUSED BY THE NIS UNLESS YOUR PERSONAL INFORMATION SUSED BY THE NIS UNLESS YOUR PERSONAL INFORMATION SUSED BY THE NIS UNLESS TO THE LEAFTET CONSTIDENTIALITY – IT'S YOUR RIGHT, VISIT THE HEALTH RIGHTS INFORMATION SUSED BY THE NIS SUBJECT AT WWW. HISS.ORG UK OR ASK YOUR GP SURGERY.  PATIENT DECLARATION  IDECLARE THAT THE INFORMATION IN HAVE GIVEN ON THIS FORM IS CORRECT AND COMPLETE AND I UNDERSTAND THAT IF IT IS NOT, APPROPRIATE ACTION MAY BE TAKEN.  TO ENABLE HAS THAT THE INFORMATION HOLD COLOR OF THE PROPRIES OF PREVENTION, DETECTION, ADDITIONAL SERVICES SCOTLAND, THE HOME OFFICE, IDENTITY AND PASSPO	any of my organs and tissue or my					
PATIENT SIGNATURE  DATE  HOW WE USE YOUR INFORMATION  THE INFORMATION YOU HAVE PROVIDED WILL BE USED BY THE GP PRACTICE TO CARRY OUT ITS VARIOUS FUNCTIONS AND SERVICES INCLUDING SCHEDULING APPOINTMENTS, ORDERING TESTS, HOSPITAL REFERRALS AND SENDING CORRESPONDEDCE, YOUR INFORMATION, INCLUDING YOUR NAME, GENDER, DATE OF BIRTH AND ADDRESS, WILL BE PASSED TO THIS NATIONAL SERVICES SCOTLAND WHERE IT WILL BE HELD ON THE COMMUNITY HEALTH INDEX (CHI). THIS INFORMATION IS USED TO REGISTER YOU WITH A PP PRACTICE, TRANSFER YOUR MEDICAL EXCORDS BETWEEN OF PRACTICES IN THE UR. MAKE PAYMENTS TO GP PRACTICES FOR MEDICAL SERVICES PROVIDED, AND TO PROCESS AND ISSUE MEDICAL CARDS. MEDICAL SEMPTION CERTIFICATES AND ENTITLEMENT CARDS.  HIS NATIONAL SERVICES SCOTLAND SHARES INFORMATION ABOUT YOU WITHIN NHSSCOTLAND TO ASSIST IN THE PROVISION AND MEROYEMENT OF OR HIS SERVICES AND THE HEALTH OF THE PUBLIC. WHEN WE DO THIS, WE MAKE SURE THAT THE INFORMATION WHICH COULD IDENTIFY YOU AS A PERSON AND YOUR HEALTH INFORMATION ARE SEPARATED OR ANONYMISED. HEALTH CONDITION WHICH COULD IDENTIFY YOU AS A PERSON AND YOUR HEALTH INFORMATION AND TREATMENT INFORMATION WHICH COULD IDENTIFY YOU WILL NOT BE USED FOR RESEARCH PURPOSE BY THE NHS UNLESS YOUR HAVE CONSENTED TO THIS.  FOR MORE INFORMATION ON HOW NHS NATIONAL SERVICES SCOTLAND USES YOUR PERSONAL INFORMATION VISIT OUR WEBSITE AT WWW NISNSSCORG IF YOU HAVE ANY QUERIES OR CONCERNS ABOUT HOW YOUR PERSONAL INFORMATION IS USED BY THE HIS YOUR PERSONAL INFORMATION IS USED BY THE HIS YOUR PERSONAL INFORMATION IS USED BY THE HIS NOT, APPROPRIATE ACTION MAY BE TAKEN.  PATIENT DECLARE THAT THE INFORMATION I HAVE GIVEN ON THIS FORM IS CORRECT AND COMPLETE AND I UNDERSTAND THAT IT IT IS NOT, APPROPRIATE ACTION MAY BE TAKEN.  TO ENABLE HIS NATIONAL SERVICES SCOTLAND TO CONFIRM MY ELIGIBILITY TO LAWFULLY REGISTER WITH A GP AND FOR THE PURPOSES OF PREVENTION, DETECTION, AND INVESTIGATION OF CRIME, RELEVANT INFORMATION FROM THIS FORM WILL BE DISCLOSED TO THE HIS BUSINESS SERVICES AND THE OWNER OF THE PROPR	Kidneys Eyes Heart Lungs Liver Pancreas Small bowel Tissue					
THE INFORMATION YOU HAVE PROVIDED WILL BE USED BY THE GP PRACTICE TO CARRY OUT ITS VARIOUS FUNCTIONS AND SERVICES INCLUDING SCHEDULING APPOINTMENTS, ORDERING TESTS, HOSPITAL REFERRALS AND SENDING CORRESPONDENCE.  YOUR INFORMATION, INCLUDING YOUR NAME, GENDER, DATE OF BIRTH AND ADDRESS, WILL BE PASSED TO NHS NATIONAL SERVICES SCOTLAND WHERE IT WILL BE HELD ON THE COMMUNITY HEALTH INDEX (CH), THIS INFORMATION IS USED TO REGISTER YOU WITH A GP PRACTICES REVICES PROVIDED, AND TO PROCESS AND ISSUE MEDICAL CARDS, MEDICAL EXEMPTION CHRISTOFT OF PRACTICES FOR MEDICAL SERVICES PROVIDED, AND TO PROCESS AND ISSUE MEDICAL CARDS, MEDICAL EXEMPTION CARDS.  NES NATIONAL SERVICES SCOTLAND SHARES INFORMATION ABOUT YOU WITHIN NHSSCOTLAND TO ASSIST IN THE PROVISION AND IMPROVEMENT OF NHS SERVICES AND THE HEALTH OF THE PUBLIC. WHEN WE DO THIS, WE MAKE SURE THAT THE INFORMATION AND IMPROVEMENT OF NHS SERVICES AND THE HEALTH OF THE PUBLIC. WHEN WE DO THIS, WE MAKE SURE THAT THE INFORMATION AND TREATMENT INFORMATION WHICH COULD DENTIFY YOU AS A PERSON AND YOUR HEALTH INFORMATION ARE SUFFERNATED OR ANONYMISED. HEALTH CONDITION AND TREATMENT INFORMATION WHIS NATIONAL SERVICES SCOTLAND USES YOUR PERSONAL INFORMATION VISIT OUR WEBSITE AT WAVE, NINSSO, ORG IF YOU HAVE ANY QUERIES OR CONCERNS ABOUT HOW YOUR PERSONAL INFORMATION IS! SUSED BY THE NHS PLEASE ASK FOR THE LEAFLET CONFIDENTIALITY - IT'S YOUR RIGHT, VISIT THE HEALTH RIGHTS INFORMATION IS! SUSE DIST THE NHS PLEASE ASK FOR THE LEAFLET CONFIDENTIALITY - IT'S YOUR RIGHT, VISIT THE HEALTH RIGHTS INFORMATION SCOTLAND WEBSITE AT WAVE, NHSSO, ORG IF YOU HAVE ANY QUERIES OR CONCERNS ABOUT HOW YOUR PERSONAL INFORMATION IS USED BY THE NHS PLEASE ASK FOR THE LEAFLET CONFIDENTIALITY - IT'S YOUR RIGHT, VISIT THE HEALTH RIGHTS INFORMATION SCOTLAND WEBSITE AT THE WAVE, NHSSO, ORG IF YOU HAVE ANY QUERIES OR CONCERNS ABOUT HOW YOUR PERSONAL INFORMATION SCOTLAND WEBSITE AT THE PURPOSES OF PREVENTION, DETECTION, AND INVESTIGATION OF CRIME RELEVANT INFORMATION FROM THIS FORM THE PURPOSES OF PREVENTIO	for transplantation after my death.					
THE INFORMATION YOU HAVE PROVIDED WILL BE USED BY THE GP PRACTICE TO CARRY OUT ITS VARIOUS FUNCTIONS AND SERVICES INCLUDING SCHEDULING APPOINTMENTS, ORDERING TESTS, HOSPITAL REFERRALS AND SENDING CORRESPONDENCE.  VOUR INFORMATION, INCLUDING YOUR NAME, GENDER, DATE OF BIRTH AND ADDRESS, WILL BE PASSED TO NHS NATIONAL SERVICES SCOTLAND WHERE IT WILL BE HELD ON THE COMMAINTY HEALTH INDEX (CH). THIS INFORMATION IS USED TO REGISTER YOU WITH A OP PRACTICE. TRANSFER YOU WITH A COPP PRACTICE, TRANSFER YOU WITH A POP PRACTICE. TRANSFER YOU WITH A COPP PRACTICE SOR THE VIEW HAVE AND ADDRESS AND ISSUE MEDICAL CARDS, MEDICAL EXEMPTION CERTIFICATES AND ENTITLEMENT CARDS.  NHS NATIONAL SERVICES PROVIDED, AND TO PROCESS AND ISSUE MEDICAL CARDS, MEDICAL EXEMPTION CERTIFICATES AND ENTITLEMENT CARDS.  NHS NATIONAL SERVICES SCOTLAND SHARES INFORMATION ABOUT YOU WITHIN NHSSCOTLAND TO ASSIST IN THE PROVISION AND IMPROVEMENT OF NHS SERVICES AND THE HEALTH OF THE PUBLIC. WHEN WE DO THIS, WE MAKE SURE THAT THE INFORMATION AND TREATMENT INFORMATION WHICH COULD IDENTIFY YOU AS A PERSON AND YOUR HEALTH INFORMATION ARE DEPENATED TO THIS.  FOR MORE INFORMATION ON HOW NHS NATIONAL SERVICES SCOTLAND USES YOUR PERSONAL INFORMATION VISIT OUR WEBSITE AT WWW. NHSISS.ORG IF YOU HAVE ANY QUERIES OR CONCERNS ABOUT HOW YOUR PERSONAL INFORMATION IS USED BY THE NHS PLEASE ASK FOR THE LEAFLET CONFIDENTIALITY - IT'S YOUR RIGHT', VISIT THE HEALTH RIGHTS INFORMATION SCOTLAND WEBSITE AT WWW. NHSISS.ORG IF YOU HAVE ANY QUERIES OR CONCERNS ABOUT HOW YOUR PERSONAL INFORMATION SCOTLAND WEBSITE AT WWW. NHSISS.ORG IF YOU HAVE ANY QUERIES OR CONCERNS ABOUT HOW YOUR PERSONAL INFORMATION SCOTLAND WEBSITE AT WITHOUT AND PASSED OR THE LEAFLET CONFIDENTIALITY - IT'S YOUR RIGHT', VISIT THE HEALTH RIGHTS INFORMATION SCOTLAND WEBSITE AT THE INFORMATION FOR THE LEAFLET TO THE INFORMATION FOR THE PURPOSES OF PREVENTION, DETECTION, AND INVESTIGATION OF CRIME, RELEVANT INFORMATION FROM THIS FORM WILL BE DISCLOSED TO THE HEALTH RIGHTS INFORMATION FROM THIS FORM WILL BE DISCLO	PATIENT SIGNATURE DATE D D M M Y Y	-				
THE INFORMATION YOU HAVE PROVIDED WILL BE USED BY THE GP PRACTICE TO CARRY OUT ITS VARIOUS FUNCTIONS AND SERVICES INCLUDING SCHEDULING APPOINTMENTS, ORDERING TESTS, HOSPITAL REFERRALS AND SENDING CORRESPONDENCE.  VOUR INFORMATION, INCLUDING YOUR NAME, GENDER, DATE OF BIRTH AND ADDRESS, WILL BE PASSED TO NHS NATIONAL SERVICES SCOTLAND WHERE IT WILL BE HELD ON THE COMMAINTY HEALTH INDEX (CH). THIS INFORMATION IS USED TO REGISTER YOU WITH A OP PRACTICE. TRANSFER YOU WITH A COPP PRACTICE, TRANSFER YOU WITH A POP PRACTICE. TRANSFER YOU WITH A COPP PRACTICE SOR THE VIEW HAVE AND ADDRESS AND ISSUE MEDICAL CARDS, MEDICAL EXEMPTION CERTIFICATES AND ENTITLEMENT CARDS.  NHS NATIONAL SERVICES PROVIDED, AND TO PROCESS AND ISSUE MEDICAL CARDS, MEDICAL EXEMPTION CERTIFICATES AND ENTITLEMENT CARDS.  NHS NATIONAL SERVICES SCOTLAND SHARES INFORMATION ABOUT YOU WITHIN NHSSCOTLAND TO ASSIST IN THE PROVISION AND IMPROVEMENT OF NHS SERVICES AND THE HEALTH OF THE PUBLIC. WHEN WE DO THIS, WE MAKE SURE THAT THE INFORMATION AND TREATMENT INFORMATION WHICH COULD IDENTIFY YOU AS A PERSON AND YOUR HEALTH INFORMATION ARE DEPENATED TO THIS.  FOR MORE INFORMATION ON HOW NHS NATIONAL SERVICES SCOTLAND USES YOUR PERSONAL INFORMATION VISIT OUR WEBSITE AT WWW. NHSISS.ORG IF YOU HAVE ANY QUERIES OR CONCERNS ABOUT HOW YOUR PERSONAL INFORMATION IS USED BY THE NHS PLEASE ASK FOR THE LEAFLET CONFIDENTIALITY - IT'S YOUR RIGHT', VISIT THE HEALTH RIGHTS INFORMATION SCOTLAND WEBSITE AT WWW. NHSISS.ORG IF YOU HAVE ANY QUERIES OR CONCERNS ABOUT HOW YOUR PERSONAL INFORMATION SCOTLAND WEBSITE AT WWW. NHSISS.ORG IF YOU HAVE ANY QUERIES OR CONCERNS ABOUT HOW YOUR PERSONAL INFORMATION SCOTLAND WEBSITE AT WITHOUT AND PASSED OR THE LEAFLET CONFIDENTIALITY - IT'S YOUR RIGHT', VISIT THE HEALTH RIGHTS INFORMATION SCOTLAND WEBSITE AT THE INFORMATION FOR THE LEAFLET TO THE INFORMATION FOR THE PURPOSES OF PREVENTION, DETECTION, AND INVESTIGATION OF CRIME, RELEVANT INFORMATION FROM THIS FORM WILL BE DISCLOSED TO THE HEALTH RIGHTS INFORMATION FROM THIS FORM WILL BE DISCLO	HOW WE USE YOUR INFORMATION					
NOLIDING SCHEDULING APPOINTMENTS, ORDERING TESTS, HOSPITAL REFERRALS AND SENDING CORRESPONDENCE.  YOUR INFORMATION, INCLUDING YOUR NAME, GENDER, DATE OF BIRTH AND ADDRESS, WILL BE PASSED TO NHS NATIONAL SERVICES SCOTLAND WHERE IT WILL BE HELD ON THE COMMUNITY HEALTH NIDEX (CHI), THIS INFORMATION IS USED TO REGISTER YOU WITH A GP PRACTICE, TRANSFER YOUR MEDICAL RECORDS BETWEEN GP PRACTICES IN THE UK, MAKE PAYMENTS TO GP PRACTICES FOR MEDICAL SERVICES PROVIDED, AND TO PROCESS AND ISSUE MEDICAL CARDS, MEDICAL EXEMPTION CERTIFICATES AND ENTITLEMENT CARDS.  NHS NATIONAL SERVICES SCOTLAND SHARES INFORMATION ABOUT YOU WITHIN NHSSCOTLAND TO ASSIST IN THE PROVISION AND IMPROVEMENT OF NHS SERVICES AND THE HEALTH OF THE PUBLIC. WHEN WE DO THIS, WE MAKE SURE THAT THE INFORMATION WHICH COULD IDENTIFY YOU AS A PERSON AND YOUR HEALTH INFORMATION AND TREATMENT INFORMATION WHICH COULD IDENTIFY YOU WAS A PERSON AND YOUR HEALTH INFORMATION AND TREATMENT INFORMATION WHICH COULD IDENTIFY YOU WILL NOT BE USED FOR RESEARCH PURPOSES BY THE NHS UNLESS YOU HAVE CONSENTED TO THIS.  FOR MORE INFORMATION ON HOW NHS NATIONAL SERVICES SCOTLAND USES YOUR PERSONAL INFORMATION VISIT OUR WEBSITE AT WWW.HISNOS.ORG. IF YOU HAVE ANY QUERIES OR CONCERNS ABOUT HOW YOUR PERSONAL INFORMATION IS USED BY THE NHS PLEASE ASK FOR THE LEAFLET CONFIDENTIALITY — IT'S YOUR RIGHT, VISIT THE HEALTH RIGHTS INFORMATION SCOTLAND WEBSITE AT WWW.HISNOS.ORG. IF YOU HAVE ANY QUERIES OR CONCERNS ABOUT HOW YOUR PERSONAL INFORMATION SCOTLAND WEBSITE AT WWW.HISNOS.ORG. IF YOU HAVE ANY QUERIES OR CONCERNS ABOUT HOW YOUR PERSONAL INFORMATION SCOTLAND WEBSITE AT WWW.HISNOS.ORG. IF YOU HAVE ANY QUERIES OR CONCERNS ABOUT HOW YOUR PERSONAL INFORMATION SCOTLAND WEBSITE AT WWW.HISNOS.ORG. IF YOU HAVE ANY QUERIES OR CONCERNS ABOUT HOW YOUR PERSONAL INFORMATION SCOTLAND WEBSITE AT WWW.HISNOS.ORG. IF YOU HAVE ANY QUERIES OR CONCERNS ABOUT HOW YOUR PERSONAL INFORMATION FOR THIS IS NOT. APPROPRIATE AND ANY OF THE YOUR AND ANY O		 ``				
SCOTLAND WHERE IT WILL BE HELD ON THE COMMUNITY HEALTH INDEX (CHI). THIS INFORMATION IS USED TO REGISTER YOU WITH A GP PRACTICES IN THE UK, MAKE PAYMENTS TO GP PRACTICES FOR MEDICAL SERVICES PROVIDED, AND TO PROCESS AND ISSUE MEDICAL CARDS, MEDICAL EXEMPTION CERTIFICATES AND ENTITLEMENT CARDS.  NHS NATIONAL SERVICES SCOTLAND SHARES INFORMATION ABOUT YOU WITHIN NHSSCOTLAND TO ASSIST IN THE PROVISION AND IMPROVEMENT OF NHS SERVICES AND THE HEALTH OF THE PUBLIC, WHEN WE DO THIS, WE MAKE SURE THAT THE INFORMATION AND TREATMENT INFORMATION WHICH COULD IDENTIFY YOU AS A PERSON AND YOUR HEALTH INFORMATION ARE SEPARATED AND ANONYMISED. HEALTH CONDITION AND TREATMENT INFORMATION WHICH COULD IDENTIFY YOU WILL NOT BE USED FOR RESEARCH PURPOSES BY THE NHS UNLESS YOU HAVE CONSENTED TO THIS.  FOR MORE INFORMATION ON HOW NHS NATIONAL SERVICES SCOTLAND USES YOUR PERSONAL INFORMATION VISIT OUR WEBSITE AT TWWN.NHSNS.ORG IF YOU HAVE ANY QUERIES OR CONCERNS SCOTLAND USES YOUR PERSONAL INFORMATION IS USED BY THE NHS PLEASE ASK FOR THE LEAFLET CONFIDENTIALITY - IT'S YOUR RIGHT, VISIT THE HEALTH RIGHTS INFORMATION SCOTLAND WEBSITE AT TWW.WHSN.SORG IF YOU HAVE ANY QUERIES OR CONCERNS ABOUT HOW YOUR PERSONAL INFORMATION SCOTLAND WEBSITE AT TWICE AND ANY QUERIES OR CONCERNS ABOUT HOW YOUR PERSONAL INFORMATION SUSED BY THE NHS PLEASE ASK FOR THE LEAFLET CONFIDENTIALITY - IT'S YOUR RIGHT, VISIT THE HEALTH RIGHTS INFORMATION SCOTLAND WEBSITE AT TWICE THE HEALTH RIGHTS INFORMATION SCOTLAND WEBSITE AT TWICE THE HEALTH RIGHTS INFORMATION SCOTLAND WEBSITE AT THE INFORMATION AND PROPRIATE ACTION MAY BE TAKEN.  TO ENABLE NHS NATIONAL SERVICES SCOTLAND TO CONFIRM MY ELIGIBILTY TO LAWFULLY REGISTER WITH A GP AND FOR THE PURPOSES OF PREVENTION, DETECTION, AND INVESTIGATION OF CRIME, RELEVANT INFORMATION FROM THIS FORM WILL BE DISCLOSED TO THE NHS BUSINESS SERVICES AUTHORITY, NHS NATIONAL SERVICES SCOTLAND, THE HOME OFFICE, IDENTITY AND PASSPORTS SERVICES MAN EVENUE AND CUSTOMS. THE GENERAL REGISTER OFFICE AND LOCAL AUTHORITIES.  FOR PSD ** / PRACTI	INCLUDING SCHEDULING APPOINTMENTS, ORDERING TESTS, HOSPITAL REFERRALS AND SENDING CORRESPONDENCE.					
IMPROVEMENT OF NHS SERVICES AND THE HEALTH OF THE PUBLIC. WHEN WE DO THIS, WE MAKE SURE THAT THE INFORMATION WHICH COULD IDENTIFY YOU AS A PERSON AND YOUR HEALTH CONDITION AND TREATMENT INFORMATION WHICH COULD IDENTIFY YOU WILL NOT BE USED FOR RESEARCH PURPOSES BY THE NHS UNLESS YOU HAVE CONSENTED TO THIS.  FOR MORE INFORMATION ON HOW NHS NATIONAL SERVICES SCOTLAND USES YOUR PERSONAL INFORMATION VISIT OUR WEBSITE AT WWW.NHSINSS.ORG IF YOU HAVE ANY QUERIES OR CONCERNS ABOUT HOW YOUR PERSONAL INFORMATION IS USED BY THE NHS PLEASE ASK FOR THE LEAFLET 'CONDIDENTIALITY' - IT'S YOUR RIGHT', VISIT THE HEALTH RIGHTS INFORMATION SCOTLAND WEBSITE AT WWW.HRIS.ORG.UK OR ASK YOUR GP SURGERY.  PATIENT DECLARATION  I DECLARE THAT THE INFORMATION I HAVE GIVEN ON THIS FORM IS CORRECT AND COMPLETE AND I UNDERSTAND THAT IF IT IS NOT, APPROPRIATE ACTION MAY BE TAKEN.  TO ENABLE NHS NATIONAL SERVICES SCOTLAND TO CONFIRM MY ELIGIBILTY TO LAWFULLY REGISTER WITH A GP AND FOR THE PURPOSES OF PREVENTION, DETECTION, AND INVESTIGATION OF CRIME, RELEVANT INFORMATION FROM THIS FORM WILL BE DISCLOSED TO THE NHS BUSINESS SERVICES AUTHORITY, NHS NATIONAL SERVICES SCOTLAND, THE HOME OFFICE, IDENTITY AND PASSPORTS SERVICES HAM REVENUE AND CUSTOMS, THE GENERAL REGISTER OFFICE AND LOCAL AUTHORITIES.  PATIENT / REPRESENTATIVE SIGNATURE *  REPRESENTATIVE'S NAME (IF APPLICABLE)  GP SIGNATURE  Identification seen – Do not take or retain photocopies  GP REFERENCE NUMBER  BIRTH STUDENT DRIVING PASSPORT HOME OFFICE OTHER Specify	SCOTLAND WHERE IT WILL BE HELD ON THE COMMUNITY HEALTH INDEX (CHI). THIS INFORMATION IS USED TO REGISTER YOU WITH A GP PRACTICE, TRANSFER YOUR MEDICAL RECORDS BETWEEN GP PRACTICES IN THE UK, MAKE PAYMENTS TO GP PRACTICES FOR MEDICAL SERVICES PROVIDED, AND TO PROCESS AND ISSUE MEDICAL CARDS, MEDICAL EXEMPTION CERTIFICATES AND ENTITLEMENT	۲ ۲				
WWW.NHSNSS.ORG IF YOU HAVE ANY QUERIES OR CONCERNS ABOUT HOW YOUR PERSONAL INFORMATION IS USED BY THE NHS PLEASE ASK FOR THE LEAFLET 'CONFIDENTIALITY – IT'S YOUR RIGHT', VISIT THE HEALTH RIGHTS INFORMATION SCOTLAND WEBSITE AT WWW.HRIS.ORG.UK OR ASK YOUR GP SURGERY.  PATIENT DECLARATION  I DECLARE THAT THE INFORMATION I HAVE GIVEN ON THIS FORM IS CORRECT AND COMPLETE AND I UNDERSTAND THAT IF IT IS NOT, APPROPRIATE ACTION MAY BE TAKEN.  TO ENABLE NHS NATIONAL SERVICES SCOTLAND TO CONFIRM MY ELIGIBILITY TO LAWFULLY REGISTER WITH A GP AND FOR THE PURPOSES OF PREVENTION, DETECTION, AND INVESTIGATION OF CRIME, RELEVANT INFORMATION FROM THIS FORM WILL BE DISCLOSED TO THE NHS BUSINESS SERVICES AUTHORITY, NHS NATIONAL SERVICES SCOTLAND, THE HOME OFFICE, IDENTITY AND PASSPORTS SERVICES, HM REVENUE AND CUSTOMS, THE GENERAL REGISTER OFFICE AND LOCAL AUTHORITIES.  PATIENT / REPRESENTATIVE SIGNATURE *  REPRESENTATIVE'S NAME (IF APPICABLE)  PRACTICE CODE **  GP SIGNATURE  IDENTIFY OF THE NAME OF THE NA	IMPROVEMENT OF NHS SERVICES AND THE HEALTH OF THE PUBLIC. WHEN WE DO THIS, WE MAKE SURE THAT THE INFORMATION WHICH COULD IDENTIFY YOU AS A PERSON AND YOUR HEALTH INFORMATION ARE SEPARATED OR ANONYMISED. HEALTH CONDITION AND TREATMENT INFORMATION WHICH COULD IDENTIFY YOU WILL NOT BE USED FOR RESEARCH PURPOSES BY THE NHS UNLESS YOU	1				
I DECLARE THAT THE INFORMATION I HAVE GIVEN ON THIS FORM IS CORRECT AND COMPLETE AND I UNDERSTAND THAT IF IT IS NOT, APPROPRIATE ACTION MAY BE TAKEN.  TO ENABLE NHS NATIONAL SERVICES SCOTLAND TO CONFIRM MY ELIGIBILTY TO LAWFULLY REGISTER WITH A GP AND FOR THE PURPOSES OF PREVENTION, DETECTION, AND INVESTIGATION OF CRIME, RELEVANT INFORMATION FROM THIS FORM WILL BE DISCLOSED TO THE HAYS BUSINESS SERVICES AUTHORITY, NHS NATIONAL SERVICES COTLAND, THE HOME OFFICE, IDENTITY AND PASSPORTS SERVICES, HM REVENUE AND CUSTOMS, THE GENERAL REGISTER OFFICE AND LOCAL AUTHORITIES.  PATIENT / REPRESENTATIVE SIGNATURE *  REPRESENTATIVE'S NAME (IF APPLICABLE)  PATIENT / PRACTICE USE ONLY  PRACTICE CODE **  GP SIGNATURE  Identification seen – Do not take or retain photocopies  GP REFERENCE NUMBER  BIRTH STUDENT DRIVING PASSPORT APPREG CARD SPECIFY  SPECIFY SPECIFY	WWW.NHSNSS.ORG IF YOU HAVE ANY QUERIES OR CONCERNS ABOUT HOW YOUR PERSONAL INFORMATION IS USED BY THE NHS PLEASE ASK FOR THE LEAFLET 'CONFIDENTIALITY – IT'S YOUR RIGHT', VISIT THE HEALTH RIGHTS INFORMATION SCOTLAND WEBSITE					
APPROPRIATE ACTION MAY BE TAKEN.  TO ENABLE NHS NATIONAL SERVICES SCOTLAND TO CONFIRM MY ELIGIBILITY TO LAWFULLY REGISTER WITH A GP AND FOR THE PURPOSES OF PREVENTION, DETECTION, AND INVESTIGATION OF CRIME, RELEVANT INFORMATION FROM THIS FORM WILL BE DISCLOSED TO THE NHS BUSINESS SERVICES AUTHORITY, NHS NATIONAL SERVICES SCOTLAND, THE HOME OFFICE, IDENTITY AND PASSPORTS SERVICES, HM REVENUE AND CUSTOMS, THE GENERAL REGISTER OFFICE AND LOCAL AUTHORITIES.  PATIENT / REPRESENTATIVE SIGNATURE *  REPRESENTATIVE'S NAME (IF APPICABLE)  RELATIONSHIP TO PATIENT (IF APPLICABLE)  PARCTICE CODE **  GP SIGNATURE  Identification seen – Do not take or retain photocopies  GP REFERENCE NUMBER  BIRTH STUDENT DRIVING PASSPORT HOME OFFICE OTHER Specify	PATIENT DECLARATION					
PURPOSES OF PREVENTION, DETECTION, AND INVESTIGATION OF CRIME, RELEVANT INFORMATION FROM THIS FORM WILL BE DISCLOSED TO THE NHS BUSINESS SERVICES AUTHORITY, NHS NATIONAL SERVICES SCOTLAND, THE HOME OFFICE, IDENTITY AND PASSPORTS SERVICES, HM REVENUE AND CUSTOMS, THE GENERAL REGISTER OFFICE AND LOCAL AUTHORITIES.  PATIENT / REPRESENTATIVE SIGNATURE *  REPRESENTATIVE'S NAME (IF APPICABLE)  RELATIONSHIP TO PATIENT (IF APPLICABLE)  PARCTICE CODE **  GP SIGNATURE  Identification seen – Do not take or retain photocopies  BIRTH STUDENT DRIVING PASSPORT HOME OFFICE Specify  DITHER SPECIAL OTHER SPECIFIC SPE	·	,				
PATIENT / REPRESENTATIVE SIGNATURE *  REPRESENTATIVE'S NAME (IF APPICABLE)  RELATIONSHIP TO PATIENT (IF APPLICABLE)  PACTICE CODE **  Identification seen – Do not take or retain photocopies  BIRTH CERT.  SIGN HERE  D D M M Y Y  PATIENT (IF APPLICABLE)  DATE  D D M M Y Y  FOR PSD ** / PRACTICE USE ONLY  PRACTICE CODE **  ID CARD  DRIVING PASSPORT OF HOME OFFICE APP REG CARD  OTHER Specify	PURPOSES OF PREVENTION, DETECTION, AND INVESTIGATION OF CRIME, RELEVANT INFORMATION FROM THIS FORM WILL BE	=				
REPRESENTATIVE'S NAME (IF APPICABLE)  RELATIONSHIP TO PATIENT (IF APPLICABLE)  DATE  DO D M M Y Y  FOR PSD ** / PRACTICE USE ONLY  PRACTICE CODE **  Identification seen - Do not take or retain photocopies  BIRTH CERT.  STUDENT DRIVING PASSPORT OF HC2 Cert APP REG CARD OTHER Specify		, _				
RELATIONSHIP TO PATIENT (IF APPLICABLE)  DATE  D D M M Y Y  PRACTICE CODE **  Identification seen – Do not take or retain photocopies  BIRTH  STUDENT  DRIVING  DRIVING  PASSPORT  Or HC2 Cert  APP REG CARD  OTHER  specify	PATIENT / REPRESENTATIVE SIGNATURE * SIGN HERE					
FOR PSD ** / PRACTICE USE ONLY  PRACTICE CODE **  Identification seen – Do not take or retain photocopies  BIRTH STUDENT DRIVING PASSPORT HOME OFFICE APP REG CARD Specify  DRIVING Specify	REPRESENTATIVE'S NAME (IF APPICABLE)					
FOR PSD ** / PRACTICE USE ONLY  PRACTICE CODE **  Identification seen – Do not take or retain photocopies  BIRTH STUDENT DRIVING PASSPORT HOME OFFICE APP REG CARD Specify  DRIVING Specify						
FOR PSD ** / PRACTICE USE ONLY  PRACTICE CODE **  Identification seen - Do not take or retain photocopies  BIRTH STUDENT DRIVING PASSPORT HOME OFFICE OTHER SPECIFY  CERT. ID CARD LICENCE OF HC2 Cert APP REG CARD SPECIFY	RELATIONSHIP TO PATIENT (IF APPLICABLE)  DATE					
PRACTICE CODE **    GP SIGNATURE		•				
PRACTICE CODE **    GP SIGNATURE	FOR PSD ** / PRACTICE USE ONLY					
BIRTH STUDENT DRIVING PASSPORT HOME OFFICE OTHER CERT. ID CARD LICENCE OF HC2 Cert APP REG CARD specify						
BIRTH STUDENT DRIVING PASSPORT HOME OFFICE OTHER CERT. ID CARD LICENCE OF HC2 Cert APP REG CARD specify	Identification seen – Do not take or retain photocopies GP REFERENCE NUMBER					
	BIRTH STUDENT DRIVING PASSPORT HOME OFFICE OTHER					
		_				