



New Patient Registration Form - Under 16

Thank you for your enquiry regarding our practice. Our registration process will take between **5 and 10 working days** to be completed, once all documentation has been received.

In order to complete the registration of your child with Undercliffe Surgery you must complete the registration procedure and follow the instructions listed below in full.

- All parts of this registration form must be completed.
- Personal identification must be provided. Children should provide their birth certificate or their Personal Child Health Record (Red Book). Registrations cannot be completed until these documents are provided.
- Undercliffe Surgery will only register children with a parent/carer registered at the same address.
- The completed registration pack should be returned in person by the parent/carer of the child.
- Personal identification documents must be submitted alongside the completed registration pack.
- **IF YOU NEED MEDICATION OR AN APPOINTMENT WHILST WAITING FOR YOUR REGISTRATION TO BE COMPLETED THEN PLEASE CONTACT YOUR CURRENT GP.**
- **FAILURE TO COMPLETE THE REGISTRATION PROCESS IN FULL AND FOLLOW THESE INSTRUCTIONS WILL RESULT IN YOUR APPLICATION BEING IMMEDIATELY REJECTED AND YOU WILL NOT BE REGISTERED AT OUR PRACTICE.**

If you do not wish to follow our registration processes you can apply to the local Health Authority who will allocate you to another practice.

TO BE COMPLETED BY THE SURGERY

You will be allocated to one of our GP Partners. Having a named GP does not prevent you from seeing any other clinician at this practice.

Your named GP is:

- ☐ Dr Hartwell
- ☐ Dr Hussain
- ☐ Dr Riaz

IMPORTANT INFORMATION

Surgery Opening Times	Contact us
Regular Hours 8.00am – 6.30pm Monday to Friday	Telephone: 01924 403406 Fax: 01924 412890 Website: www.undercliffe.gpsurgery.net Email: wyicb-kirk.undercliffesurgery@nhs.net

Your local doctors and healthcare providers are working to improve access to GP appointments and reduce attendance at A&E departments. We believe that the best place for you to be seen for your healthcare needs is your local GP surgery – where your practice team know you best.

Curo Health Limited is working together with your GP to provide an extended hours service that offers routine medical treatment and advice. This service is available between 6.30pm and 9.00pm on Mondays to Friday and 9.00am to 1.00pm Saturday. All appointments are delivered from Liversedge Medical Centre. Appointments can be booked via our Patient Liaison team or calling **01924 925517** when the service is open.

At all other time when the surgery is closed and you feel that you need urgent healthcare advice, contact NHS 111. All calls are free to this number.

Alternatively, you may wish to consult with your local pharmacist, who may be able to help you with:

- Skin conditions (mild acne or eczema)
- Coughs, colds, nasal congestion and sore throats
- Minor cuts and bruises
- Constipation and haemorrhoids (piles)
- Hay fever and allergies
- Aches and pains (headache; earache or backache)
- Indigestion, diarrhoea and threadworms
- Period pain and thrush
- Warts, verruca's, mouth ulcers and cold sores
- Athlete's foot
- Nappy rash and teething
- Travel medicines, sun creams and treatments for insect bites
- Head lice treatments
- Creams for bruising, tattoos and varicose vein
- Earwax removers

You can also find advice and 'fact sheets' for common minor ailments on the Self Care Forum at www.selfcareforum.org.

For advice on colds, flu, and sore throats you may wish to visit the 'Symptom Checker' at www.treatyourselfbetter.co.uk

For a wide range of health advice and information visit NHS Choices at www.nhs.uk.

WHAT YOU CAN EXPECT FROM OUR GP SURGERY

The table below explains what you can expect from your GP Surgery and how you can help us provide the best service work for you.

YOU CAN EXPECT US TO:	WE EXPECT YOU TO:
Ensure you are treated respectfully at all times	Treat our staff with respect
Protect your privacy and dignity and maintain confidentiality at all times	Help us maintain our records by providing us with up to date information (e.g. telephone number/change of address)
Provide a safe, clean environment for you to attend	Attend your appointments or let us know that you can't make your appointment
Accept any request for a telephone 'call back' for queries on health issues or if further clarity is needed following an appointment, where possible	Listen to the advice given and ask if you are unclear about the information given
Listen advise and sign-post patients to appropriate services	If you require a more urgent appointment please call the surgery as early as possible in the day to allow time to access a health professional
Provide a number of ways to order prescriptions including on line, fax, repeat prescription box, face to face	Speak to the reception staff if in certain circumstances if you find yourself without medication A&E and out of hours are not the services to be used for medication
Provide a variety of booking options including an on-line appointment booking service	Call the surgery for appointments rather than attending A&E, unless life is at risk
Offer a flexible booking system to allow timely appointment availability	Call the surgery if you are waiting for an appointment and your health deteriorates rather than attending A&E.
Aim to see all children under 5 years old on the same day, if they are unwell and offer further appointments should the problem persist	Be prepared to attend at any time during the day when you ring for an appointment
Help and advise you on an appropriate way in which to order and collect your prescription	Be patient at busy times. If the clinic is running late, remember it might be you that needs the extra time next visit!

New Patient Registration Form - Child

Please complete all pages in full using block capitals

1. Background Details

Your Child Details

Forename/s		Surname	
NHS Number		Gender	
Address		Date of Birth	
		Home Telephone	

Parent or Guardian Details

Your Name		Relationship	
Address		Home Telephone	
		Work Telephone	
Mobile Telephone	I consent to be contacted* by SMS on this number:		
Email	I consent to be contacted* by email at this address:		
Family Members Registered With Us			
Relationship to child			
Has the patient been registered in the NHS before? <input type="checkbox"/> Yes <input type="checkbox"/> No If no please state date entered UK:			

* It is your responsibility to keep us updated with any changes to your telephone number, email & postal address.

We may contact you with appointment details, test results or health campaigns or Patient Participation Group details

If you do not consent to being contacted by SMS or Email, please tick here: ☐ SMS ☐ Email

Other Details

Previous GP Name				
Address				
Telephone Number				
Country of Birth				
School				
Ethnicity	<input type="checkbox"/> White (UK) <input type="checkbox"/> White (Irish) <input type="checkbox"/> White (Other)	<input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black African <input type="checkbox"/> Black Other	<input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani	<input type="checkbox"/> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> Other
Religion	<input type="checkbox"/> C of E <input type="checkbox"/> Catholic <input type="checkbox"/> Other Christian	<input type="checkbox"/> Buddhist <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim	<input type="checkbox"/> Sikh <input type="checkbox"/> Jewish <input type="checkbox"/> Jehovah's Witness	<input type="checkbox"/> No religion <input type="checkbox"/> Other:
Housing	<input type="checkbox"/> Own Home <input type="checkbox"/> Rented Home	<input type="checkbox"/> Shared House <input type="checkbox"/> Sheltered House	<input type="checkbox"/> Asylum Seeker <input type="checkbox"/> Refugee	
Overseas Visitor	<input type="checkbox"/> Yes <input type="checkbox"/> European Health Insurance Card Held (please bring details with you)			

Communication Needs	
Language	What is your main spoken language? Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No
Communication	Do you have any communication difficulties? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes please identify below <input type="checkbox"/> Hearing aid <input type="checkbox"/> Large print <input type="checkbox"/> British Sign Language <input type="checkbox"/> Lip reading <input type="checkbox"/> Braille <input type="checkbox"/> Makaton Sign Language <input type="checkbox"/> Guide dog
Disability	Do you have a registered disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sight <input type="checkbox"/> Hearing <input type="checkbox"/> Mobility <input type="checkbox"/> Hidden:

Carer Details	
Are you a carer*?	<input type="checkbox"/> Yes – Informal / Unpaid Carer <input type="checkbox"/> Yes – Occupational / Paid Carer <input type="checkbox"/> No
*Please ask for a Carers Registration Form and see what support we can offer	
Do you have a carer?	<input type="checkbox"/> Yes <input type="checkbox"/> No Are they registered at Undercliffe Surgery <input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name*	Contact Number*:
Address*	

* Only add carer's details if they give their consent to have these details stored on your medical record

If you are applying on behalf of a child who is in Foster care/Residential care/Kinship care/ or who is not your child
Who has parental or legal responsibility for the child? <input type="checkbox"/> You as the legal/guardian/adoptive parent <input type="checkbox"/> Other (please specify) Name: Contact Number: Evidence of parental responsibility (birth certificate/social care information): If you are the parent/guardian/foster carer/kinship carer but cannot consent, please detail below who can Name: Contact number: Relationship to child:

Looked after Children
If a child, are they looked after? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, under what arrangements: <input type="checkbox"/> Section 20-Voluntary Care <input type="checkbox"/> Subject to an Interim Care Order <input type="checkbox"/> Subject to a Full Care Order <input type="checkbox"/> Placed for adoption <input type="checkbox"/> Unaccompanied Asylum Seeker <input type="checkbox"/> Private arrangement/Private Fostering/Informal arrangement (please note you have a duty to notify social care of this arrangement)
What is Private Fostering? A private fostering arrangement is one that is made without the involvement of the Local Authority to look after a child under the age of 16 (or under 18 if disabled) by someone other than a parent or close relative, for 28 days or more and can include those living with extended family members. So, this could be a child living with people as stated below: Private Fostering includes a child living with: godparents, great-grandparents, great aunts or uncles, family friends, step parents where a couple isn't married or in a civil partnership, cousins, a host family which is caring for a child from overseas while they are in education here. Private Fostering does not include a child living with: Brothers, sisters, grandparents, aunts, uncles, step parents where a couple is married or in a civil partnership, mother, father, children and young people who are being looked-after by the Local Authority.

Name of School or Nursery:

☐ Home schooled

Does the child have a social worker? ☐ Yes ☐ No Name of social worker:

Are there any other Agencies involved in their care? ☐ Yes ☐ No

Contact Details:

2. Medical History

Medical History

Has your child suffered from any of the following conditions?

☐ Asthma

☐ Depression

☐ Diabetes

☐ Epilepsy

Any other conditions, operations or hospital admission details:

If your child is currently under the care of a Hospital or Consultant outside our area, please tell us here:

Family History

Please record any significant family history of close relatives with medical problems and confirm which relative e.g. mother, father, brother, sister, grandparent

☐ Asthma

☐ Depression

☐ COPD

☐ Heart Disease

☐ Diabetes

☐ Thyroid

☐ Stroke

☐ Kidney Disease

☐ Epilepsy

☐ Blood Pressure

☐ Liver Disease.....

☐ Cancer

Other:

Allergies

Please record any allergies or sensitivities below

Current Medication

Please include as much information as possible about your current medication include a copy of previous repeat medications if possible. A medication review appointment may be needed

Additional Information

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3. Further Details

Electronic Prescribing

If you would like your prescriptions to be sent electronically, please provide details of the pharmacy you would like to use:

Pharmacy:

Parent or Guardian Signature

Signature	I confirm that the information I have provided is true to the best of my knowledge
Name	
Date	

Checklist

Please ensure the following are done and provided so that your registration can be completed successfully

- ☐ Completed & Signed Above Form
- ☐ Completed & Signed GMS1 Form
- ☐ Proof of ID e.g. Birth Certificate/Red Book/Passport
- ☐ Completed & Signed Consent Form and Online Access Form

Practice Use Only

Date Form Submitted		Received by	
Date Registered on S1		Registered by	
ID presented	<input type="checkbox"/> Passport	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Red Book <input type="checkbox"/> Other

Sharing Your Health Record

What is your health record?

Your health record contains all the clinical information about the care you receive. When clinicians are treating you it is better for them to have access to your full health record so they can identify the best way to help you. This information may include your medical history, medications and allergies.

Why is sharing important?

Health records about you can be held in various places, including your GP practice and any hospital where you have had treatment. Sharing your health record will ensure you receive the best possible care and treatment wherever you are and whenever you need it. Choosing not to share your health record could have an impact on the future care and treatment you receive. Below are some examples of how sharing your health record can benefit you:

- | | |
|--------------------------------|---|
| • Sharing your medical history | This will ensure clinicians accurately assess you if needed |
| • Sharing your medication list | This will ensure that you receive the most appropriate medication |
| • Sharing your allergies | This will prevent you being given something to which you are allergic |
| • Sharing your test results | This will prevent further unnecessary tests being required |

Is my health record secure?

Yes. There are safeguards in place to make sure only organisations you have authorised to view your records can do so. You can also request information regarding who has accessed your information from both within and outside of your surgery.

Can I decide who I share my health record with?

Yes. You decide who has access to your health record. For your health record to be shared between organisations that provide care to you, your consent must be gained.

Can I change my mind?

Yes. You can change your mind at any time about sharing your health record, please just let us know.

Can someone else consent on my behalf?

If you do not have capacity to consent and have a Lasting Power of Attorney, they may consent on your behalf. If you do not have a Lasting Power of Attorney, then a decision in best interests can be made by those caring for you.

What about parental responsibility?

If you have parental responsibility and your child is not able to make an informed decision for themselves, then you can make a decision about information sharing on behalf of your child. If your child is competent then this must be their decision.

How is my personal information protected?

Undercliffe Surgery will always protect your personal information. For further information about this, please see our Privacy Notice on our website or please speak to a member of our team

What is your Summary Care Record?

Your Summary Care Record contains basic information including your contact details, NHS number, medications and allergies. This is information which is helpful in emergencies and can be viewed by Hospitals and the Emergency Services. If you do not want a Summary Care Record, please ask your GP practice for the appropriate opt out form. With your consent, additional information can be added to create an Enhanced Summary Care Record. This could include your care plans which will help ensure that you receive the appropriate care in the future.

For further information about your health records, please see: www.nhs.uk/NHSEngland/thenhs/records

For further information about how the NHS uses your data for research & planning and to opt-out, please see: www.nhs.uk/your-nhs-data-matters

Sharing Your Health Record Consent Form

Your Health Record

Sharing Out

Do you consent to your GP Practice sharing your child's health record with other organisations who treat and care for you?

☐ Yes *(recommended option)*

☐ No, never

Sharing In

Do you consent to your GP Practice viewing your child's health record from other organisations that treat and care for you?

☐ Yes *(recommended option)*

☐ No

Your Summary Care Record (SCR)

Do you consent to your child having an Enhanced Summary Care Record with Additional Information?

☐ Yes *(recommended option)*

☐ No

Parent or Guardian Signature

Signature	
Name	
Date	

For Practice Use Only:

Identity verification (tick all that apply)	<input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Proof of ID
Identity verified by:	
Signature:	
Date:	
Consent Recorded by:	
Signature:	
Date:	
Date Consent Form scanned into SystmOne:	

Access to GP Online Services

Important Information – Please read before completing form below

If you wish to, you can now use the internet (via computer or mobile app) to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at your medical record online. You can also still use the telephone or call in to the surgery for any of these services as well. It's your choice.

It will be your responsibility to keep your login details and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately. If you are unable to do this for some reason, we recommend that you contact the practice so that they can remove online access until you are able to reset your password.

If you print out any information from your record, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.

During the working day it is sometimes necessary for practice staff to input into your record, for example, to attach a document that has been received, or update your information. Therefore you will notice admin/reception staff names alongside some of your medical information – this is quite normal.

The definition of a full medical record is all the information that is held in a patient's record; this includes letters, documents, and any free text which has been added by practice staff, usually the GP. The coded record is all the information that is in the record in coded form, such as diagnoses, signs and symptoms (such as coughing, headache etc.) but excludes letters, documents and free text.

Before you apply for online access to your record, there are some other things to consider. Although the chances of any of these things happening are very small, you will be asked that you have read and understood the following before you are given login details.

Access to the child's online record by a parent/carer will be automatically removed when the child reaches their 12th birthday. Access by the parent/carer will only be reinstated once the child has given consent.

Forgotten history

There may be something you have forgotten about in your record that you might find upsetting.

Abnormal results or bad news

If your GP has given you access to test results or letters, you may see something that you find upsetting to you. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them.

Choosing to share your information with someone

It's up to you whether or not you share your information with others – perhaps family members or carers. It's your choice, but also your responsibility to keep the information safe and secure.

Coercion

If you think you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for access at this time.

Misunderstood information

Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your medical record may be highly technical, written by specialists and not easily understood. If you require further clarification, please contact the surgery for a clearer explanation.

Information about someone else

If you spot something in the record that is not about you or notice any other errors, please log out of the system immediately and contact the practice as soon as possible.

For further information, please see:

www.nhs.uk/NHSEngland/AboutNHSservices/doctors/Pages/gp-online-services.aspx

Access To GP Online Services Request Form

I wish to have online access for my child to: *Please tick all that apply*

- ☐ Book appointments
- ☐ Request medication
- ☐ View my medical record (subject to policy)
- ☐ View my Summary Care Record
- ☐ Complete online questionnaires

I wish to access my child's medical record & understand & agree with each statement: *Please tick all that apply*

- ☐ I have read and understood the 'Important Information' section above
- ☐ I will be responsible for the security of the information that I see or download
- ☐ If I choose to share my information with anyone else, this is at my own risk
- ☐ I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement
- ☐ If I see information in my record that it not about me, or is inaccurate I will log out immediately and contact the practice as soon as possible

Parent or Guardian Signature

Signature	
Name	
Date	

For Practice Use Only:

Identity verification (tick all that apply)	<input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Proof of ID
Identity verified by:	
Signature:	
Date:	
Access updated by:	
Signature:	
Date:	
Date Request Form scanned into SystmOne:	

Patient's details

Please complete in BLOCK CAPITALS and tick ☐ as appropriate

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms		Surname
Date of birth		First names
NHS No.	Previous surname/s	
<input type="checkbox"/> Male <input type="checkbox"/> Female		Town and country of birth
Home address		
Postcode		Telephone number

Please help us trace your previous medical records by providing the following information

Your previous address in UK	Name of previous GP practice while at that address
Address of previous GP practice	

If you are from abroad

Your first UK address where registered with a GP

If previously resident in UK, date of leaving

Date you first came to live in UK

Were you ever registered with an Armed Forces GP

Please indicate if you have served in the UK Armed Forces and/or been registered with a Ministry of Defence GP in the UK or overseas: ☐ Regular ☐ Reservist ☐ Veteran ☐ Family Member (Spouse, Civil Partner, Service Child)

Address before enlisting:

Postcode

Service or Personnel number: Enlistment date: DD MM YY Discharge date: DD MM YY (if applicable)

Footnote: These questions are optional and your answers will not affect your entitlement to register or receive services from the NHS but may improve access to some NHS priority and service charities services.

If you need your doctor to dispense medicines and appliances*

- ☐ I live more than 1.6km in a straight line from the nearest chemist
- ☐ I would have serious difficulty in getting them from a chemist

*Not all doctors are authorised to dispense medicines

☐ Signature of Patient ☐ Signature on behalf of patient

Date / /

What is your ethnic group?

Please tick one box that best describes your ethnic group or background from the options below:

White: ☐ British ☐ Irish ☐ Irish Traveller ☐ Traveller ☐ Gypsy/Romany ☐ Polish

☐ Any other white background (please write in):

Mixed: ☐ White and Black Caribbean ☐ White and Black African ☐ White and Asian

☐ Any other Mixed background (please write in):

Asian or Asian British: ☐ Indian ☐ Pakistani ☐ Bangladeshi

☐ Any other Asian background (please write in):

Black or Black British: ☐ Caribbean ☐ African ☐ Somali ☐ Nigerian

☐ Any other Black background (please write in):

Other ethnic group: ☐ Chinese ☐ Filipino

☐ Any other ethnic group (please write in):

Not stated: ☐

Not Stated should be used where the PERSON has been given the opportunity to state their ETHNIC CATEGORY but chose not to.

NHS England use only Patient registered for ☐ GMS ☐ Dispensing

To be completed by the GP Practice

Practice Name

Practice Code

☐ I have accepted this patient for general medical services on behalf of the practice

☐ I will dispense medicines/appliances to this patient subject to NHS England approval.

I declare to the best of my belief this information is correct

Authorised Signature

Name

Date

_____/_____/_____

Practice Stamp

SUPPLEMENTARY QUESTIONS – These questions and the patient declaration are optional and your answers will not affect your entitlement to register or receive services from your GP.

PATIENT DECLARATION for all patients who are not ordinarily resident in the UK

Anybody in England can register with a GP practice and receive free medical care from that practice.

However, if you are not 'ordinarily resident' in the UK you may have to pay for NHS treatment outside of the GP practice. Being ordinarily resident broadly means living lawfully in the UK on a properly settled basis for the time being. In most cases, nationals of countries outside the European Economic Area must also have the status of 'indefinite leave to remain' in the UK.

Some services, such as diagnostic tests of suspected infectious diseases and any treatment of those diseases are free of charge to all people, while some groups who are not ordinarily resident here are exempt from all treatment charges.

More information on ordinary residence, exemptions and paying for NHS services can be found in the Visitor and Migrant patient leaflet, available from your GP practice.

You may be asked to provide proof of entitlement in order to receive free NHS treatment outside of the GP practice, otherwise you may be charged for your treatment. Even if you have to pay for a service, you will always be provided with any immediately necessary or urgent treatment, regardless of advance payment.

The information you give on this form will be used to assist in identifying your chargeable status, and may be shared, including with NHS secondary care organisations (e.g. hospitals) and NHS Digital, for the purposes of validation, invoicing and cost recovery. You may be contacted on behalf of the NHS to confirm any details you have provided.

Please tick one of the following boxes:

- a) ☐ I understand that I may need to pay for NHS treatment outside of the GP practice
- b) ☐ I understand I have a valid exemption from paying for NHS treatment outside of the GP practice. This includes for example, an EHIC, or payment of the Immigration Health Charge ("the Surcharge"), when accompanied by a valid visa. I can provide documents to support this when requested
- c) ☐ I do not know my chargeable status



I declare that the information I give on this form is correct and complete. I understand that if it is not correct, appropriate action may be taken against me.

A parent/guardian should complete the form on behalf of a child under 16.

Signed:		Date:	DD MM YY
Print name:		Relationship to patient:	
On behalf of:			

Complete this section if you live in an EU country, or have moved to the UK to study or retire, or if you live in the UK but work in another EEA member state. Do not complete this section if you have an EHIC issued by the UK.

NON-UK EUROPEAN HEALTH INSURANCE CARD (EHIC), PROVISIONAL REPLACEMENT CERTIFICATE (PRC) DETAILS and S1 FORMS

Do you have a <u>non-UK</u> EHIC or PRC?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	If yes, please enter details from your EHIC or PRC below:	
 <p>If you are visiting from another EEA country and do not hold a current EHIC (or Provisional Replacement Certificate (PRC))/S1, you may be billed for the cost of any treatment received outside of the GP practice, including at a hospital.</p>	Country Code: 		
	3: Name		
	4: Given Names		
	5: Date of Birth	DD MM YYYY	
	6: Personal Identification Number		
	7: Identification number of the institution		
	8: Identification number of the card		
	9: Expiry Date	DD MM YYYY	
	PRC validity period	(a) From: DD MM YYYY	(b) To: DD MM YYYY

Please tick ☐ if you have an S1 (e.g. you are retiring to the UK or you have been posted here by your employer for work or you live in the UK but work in another EEA member state). Please give your S1 form to the practice staff.

How will your EHIC/PRC/S1 data be used? By using your EHIC or PRC for NHS treatment costs your EHIC or PRC data and GP appointment data will be shared with NHS secondary care (hospitals) and NHS Digital solely for the purposes of cost recovery. Your clinical data will not be shared in the cost recovery process.

Your EHIC, PRC or S1 information will be shared with Business Service Authority for the purpose of recovering your NHS costs from your home country.