

**Patient agreement to sharing information**  
(as part of the supply of Oxygen by the Home Oxygen Service)



<b>Form issued by:</b>			
<b>Unit/Surgery</b>		<b>Address</b>	
<b>Contact name</b>			
<b>Tel no.</b>			
		<b>Postcode</b>	

<b>Patient</b>			
<b>Name</b>		<b>Address</b>	
<b>D.O.B.</b>			
<b>NHS number</b>			
<b>Tel/mobile no.</b>		<b>Postcode</b>	
<b>E-mail</b>			

My doctor or a member of my care team has explained the arrangements for supplying Oxygen at my premises, that my information will be stored in line with the Data Protection Act 1998, and I understand these arrangements, such that:

1. information about my condition/condition of the patient named above\* will be transmitted to the Home Oxygen Service (HOS) Supplier to enable them to deliver the Oxygen treatment as per the Home Oxygen Order Form (HOOF),
2. information will be exchanged between my hospital care team, my doctor, the home care team and such other teams as necessary related to the provision, and review, of my Oxygen treatment and safety,
3. the HOS Supplier will be granted reasonable access to my premises, so that the Oxygen equipment can be installed, serviced, refilled and removed (as appropriate),
4. information will also be shared with the local Fire Rescue Services team to allow them to offer safety advice at my premises and where appropriate install/deliver suitable equipment for safety, and
5. information will also be shared with my electricity supplier/distributor where electrical devices have been installed.
6. From time to time, I may be contacted to participate in a patient satisfaction survey/audit. *(should you wish not to participate please inform your HOS supplier)*
7. I understand that I may withdraw my consent at any time (at which point my HOS equipment will be removed)

\* Delete as applicable

<b>Patient's signature</b>		<b>Date</b>	
(see note 4 where signed and witnessed on patient's behalf)			

I confirm that I have responsibility for the above-named patient.

<b>Carer's signature</b>		<b>Name</b>	
<b>Relationship to patient</b>		<b>Date</b>	

I confirm that I am the healthcare professional responsible for the care of this patient and I have completed this form on his/her behalf as s/he is unable to provide/withhold consent. The patient has been given a copy of this form.

<b>Clinician's signature</b>		<b>Date</b>	
<b>Name</b>			

## **GUIDANCE NOTES**

### **Who may give consent?**

1. It is presumed that anyone aged 16 or over is competent to give consent for her/himself unless the opposite is demonstrated. If a child under the age of 16 has 'sufficient understanding and intelligence to enable him or her to understand fully what is proposed', then he or she will be competent to give consent for him/herself. Young people aged 16 and 17, and legally 'competent' younger children, may therefore sign this form for themselves, but may like a parent to countersign as well.
2. If a child is unable to give consent him/herself, person(s) with parental responsibility for the child may provide information about their wishes in relation to the child. However, the final decision to disclose information lies with the healthcare professional in charge of caring for the child. Any decisions taken must be in the best interests of the child. Even where a child is able to give consent him/herself, a healthcare professional with responsibility for caring for the child should involve those with parental responsibility for the child's care, unless the child specifically asks the healthcare professional not to do so.
3. If a patient is mentally competent to give consent but is physically unable to sign a form, this form should be completed and signed by an independent witness as confirmation that the patient concerned gave consent orally or non-verbally.
4. Where an adult patient (aged 18 or over) lacks capacity to give or withhold consent, decisions must be taken by the healthcare professional in charge of the care of the patient. Decisions must be made in the best interests of the patient, taking into account any wishes that may have been previously expressed by the patient (for example, before he loss of capacity) and any views or wishes expressed by the patient's family or friends.

### **Guidance on the law on confidentiality and consent**

For a comprehensive summary, see the Department of Health publication

*Confidentiality: NHS Code of Practice* available at

[http://www.dh.gov.uk/en/Managingyourorganisation/Informationpolicy/Patientconfidentialityandcaldicottguardians/DH\\_4100550](http://www.dh.gov.uk/en/Managingyourorganisation/Informationpolicy/Patientconfidentialityandcaldicottguardians/DH_4100550)