

Information Sharing Agreement between the patient and the Clinical Nurse Specialist (CNSp)

	Yes	No
I understand the reason for my referral to the Respiratory CNSp and agree to see the nurse today.		
I understand that the CNSp will be accessing my records at my GP practice and may access my records in the hospital in relation to my health, if needed.		
I understand that relevant information may be passed onto other health and social care professionals to provide me with the services and treatment that I may need.		
I understand that anonymous information relevant to this service will be shared with the Health services to assist in finding out how the service is working and for any future developments. My personal identity will be fully protected and not shared in the Health services evaluation and audit process.		
I understand that my information will be stored securely and confidentially.		
I am happy to be contacted in the future about my experience with this service.		

Patient's name: _____

Patient's signature: _____

Practitioners Name:

Position:

Signature: _____ Date: _____