

National Vascular Registry

Patient consent for retention of information

Vascular specialists wish to collect information about your surgery and hospital care. This information will be stored securely in the National Vascular Registry, which is set up to monitor and improve patient care. The Registry wishes to collect a few personal details about you - your NHS number, date of birth and postcode. The Registry needs this information in order to help us link the information provided by your specialist with other national health databases.

Your information will be stored in a secure environment and will only be available to appropriate staff. The Registry conforms to the strict confidentiality rules defined by the Data Protection Act 1998, the NHS Act 2006, and the Health and Social Care Act 2008. Your personal details will not be shared with anyone outside the NHS. After the data has been made anonymous (people cannot be identified), it may be shared for research.

We need your permission to hold information that can identify you. Please tick the appropriate boxes below to show whether or not you consent to the collection of your personal information, and sign this form.

I am: ☐ The patient ☐ The Patient's Guardian *(please tick as appropriate)*

☐ I confirm that I understood the above statement. I have had the chance to ask questions and received satisfactory answers.

☐ I consent to my specialist providing information to the National Vascular Registry that can identify me for the purposes of monitoring and improving patient care. I understand I can withdraw my consent at any time without giving any reasons.

☐ I do not consent to my specialist providing information to the National Vascular Registry that identifies me in person.

Signature

Date.....

To be completed by the Person taking consent: I confirm that I have discussed the collection of personal information and its storage on the National Vascular Registry.

Signature

Date.....

NHS number of patient