



Template letter for GPs to use / amend when both parties are not registered with the same practice. To inform patients and obtain their agreement to share information from GP to GP.

## Information sharing to enable Fertility Services Referral

If prospective parent(s) are registered with GPs at different practices, your GP needs permission from you to share relevant information with your partner's GP in order to make a referral for Fertility Services.

With your permission, your GP will share the following information with your partner's GP:

- Name and contact details
- Date of Birth and NHS Number
- Health Status, including relevant test results
- Any past medical/social history which may be of concern regarding the welfare of the unborn child, and any extenuating circumstances

All information is required to make a referral for fertility services.

### Using your information

The information you provide will only be used for the purpose of making a fertility service referral. Your information will be collected and stored securely.

For further details on how your information is used, how we maintain the security of your information, and your rights to access information we hold on you, please contact:  
*(practice to add the IG Lead and link to where further information can be obtained)*

### Instructions

1. Please could you and your partner complete the form
2. Please return the form to your GP practice

### Declaration

I give my GP permission by completing and signing the boxes below to allow for the sharing of information as outlined above, with my partner's GP, and understand that this information will be used to make a joint referral for fertility services.

\*The lawful basis for the processing of personal and healthcare data for fertility service review if contained within article 6(1)(b) and 9(2)(h) of the General Data Protection Regulation (GDPR) as enacted by the Data Protection Act 2018.

This form is to satisfy the Common Law Duty of Confidentiality and for Medico-Legal reasons. This form is not Consent for the Processing of Data under the General Data Protection Regulation \*



Great Yarmouth and Waveney  
North Norfolk, South Norfolk  
Norwich, West Norfolk

Clinical Commissioning Groups

<b>The Prospective Parent registered at the GP practice that is making the referral</b>	<b>The Prospective Parent registered at another GP practice</b>
<b>Name:</b>	<b>Name:</b>
<b>NHS No.</b>	<b>NHS No:</b>
<b>GP Name:</b>	<b>GP Name:</b>
<b>Practice Name:</b>	<b>Practice Name:</b>
<b>Signature:</b>	<b>Signature:</b>
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<b>Date:</b>	<b>Date:</b>

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