

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



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

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

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:

- 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),
- 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,
- 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),
- 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
- Information will also be shared with my electricity supplier/distributor where electrical devices have been installed.
- 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)*
- I understand that I may withdraw my consent at any time (at which point my HOS equipment will be removed)

* Delete as applicable

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

Name			
Signature		Date	
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.			

Clinician's signature		Date	
Name			

GUIDANCE NOTES –

Who may give consent?

- 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.
- 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.
- 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.
- 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 the 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

Cytundeb claf i rannu gwybodaeth

(fel rhan o gyflenwi Ocsigen gan y Gwasanaeth Ocsigen yn y Cartref)



Ffurflen we di ei dosbarthu gan:				
Uned/Meddygfa	<input type="text"/>		Cyfeiriad	Cod Post
Enw cyswllt	<input type="text"/>			
Rhif ffôn	<input type="text"/>			

Claf				
Enw	<input type="text"/>		Cyfeiriad	Cod Post
Dyddiad Geni:	<input type="text"/>			
Rhif y GIG	<input type="text"/>			
Rhif ffôn/ffôn symudol	<input type="text"/>		E-bost	<input type="text"/>

Mae fy meddyg neu aelod o'm tîm gofal wedi egluro'r trefniadau ar gyfer cyflenwi Ocsigen yn fy eiddo, y caiff fy ngwybodaeth ei chadw yn unol â Deddf Diogelu Data 1998, ac rwyf yn deall y trefniadau hyn, fel a ganlyn:

1. Caiff gwybodaeth am fy nghyflwr/cyflwr y claf a enwir uchod* ei throsglwyddo i Gyflenwr y Gwasanaeth Ocsigen yn y Cartref (HOS) i'w alluogi i gyflawni'r driniaeth Ocsigen yn unol â Ffurflen Archebu Ocsigen yn y Cartref (HOOF),
2. Caiff gwybodaeth ei chyfnwid rhwng fy nhîm gofal yn yr ysbty, fy meddyg, y tîm gofal cartref ac unrhyw dimau eraill sydd o reidrwydd yn gysylltiedig â darparu, ac adolygu fy nhriniaeth Ocsigen a'm diogelwch,
3. Sicrheir y caiff fy nghyflenwr HOS fynediad rhesymol i'm heiddo, fel y gellir gosod, gwasanaethu ac ail-lenwi fy nghyfarpar Ocsigen a mynd ag ef oddi yno (fel y bo'n briodol),
4. Caiff gwybodaeth ei rhannu hefyd â'r tîm Gwasanaethau Tân ac Achub lleol i'w galluogi i gynniig cyngor ar ddiogelwch yn fy eiddo a lle y bo'n briodol osod/darparu cyfarpar addas er mwyn sicrhau diogelwch,
5. Caiff gwybodaeth ei rhannu hefyd â'm cyflenwr/dosbarthwr trydan lle mae dyfeisiau trydanol wedi cael eu gosod.
6. O bryd i'w gilydd, gellir cysylltu â mi i ofyn i mi gymryd rhan mewn arolwg/archwiliad boddhad cleifion. (*os na fyddwch am gymryd rhan rhwng wybod i'ch cyflenwr HOS*)
7. Deallaf y gallaf dynnu fy nghaniatâd yn ôl unrhyw bryd (ac wedyn caiff fy nghyfarpar HOS ei symud o'r eiddo)

* Dilêer fel y bo'n briodol

Llofnod y claf				Dyddiad	<input type="text"/>
(gweler nodyn 4 lle y caiff ei lofnodi a'i dystio ar ran claf)					
Cadarnhaf fod gennyf gyfrifoldeb dros y claf a enwir uchod.					
Llofnod y gofalwr	<input type="text"/>		Enw	<input type="text"/>	
Perthynas â'r claf	<input type="text"/>		Dyddiad	<input type="text"/>	
Cadarnhaf mai fi yw'r gweithiwr gofal iechyd proffesiynol sy'n gyfrifol am ofal y claf hwn ac rwyf wedi llenwi'r ffurflen hon ar ei ran gan nad yw'n gallu rhoi/atal ei ganiatâd. Rhoddwyd copi o'r ffurflen hon i'r claf.					
Llofnod y clinigydd	<input type="text"/>		Dyddiad	<input type="text"/>	
Enw	<input type="text"/>				

NODIADAU CYFARWYDDYD

Pwy all roi caniatâd?

1. Tybir y bydd unrhyw un sy'n 16 oed neu drosodd yn gymwys i roi caniatâd drosto/drosti ei hun oni bai y dangosir i'r gwrthwyneb. Os bydd plentyn o dan 16 oed yn meddu ar 'ddigon o ddealltwriaeth a deallusrwydd i'w alluogi i ddeall yn llwyr yr hyn a gynnigir', yna bydd ef neu hi yn gymwys i roi caniatâd drosto/drosti ei hun. Felly gall pobl ifanc 16 ac 17 oed, a phlant iau 'cymwys' yn gyfreithlon lofnodi'r ffurflen hon eu hunain, ond efallai y byddant yn dymuno i riant ei llofnodi hefyd.
2. Os na fydd plentyn yn gallu rhoi caniatâd drosto ei hun, gall unigolyn â chyfrifoldeb riant dros y plentyn roi gwybodaeth am ei ddymuniadau mewn perthynas â'r plentyn. Fodd bynnag, cyfrifoldeb y gweithiwr gofal iechyd proffesiynol sy'n gofalu am y plentyn fydd penderfynu'n derfynol a ddylid datgelu gwybodaeth. Rhaid i unrhyw benderfyniadau fod er budd y plentyn. Hyd yn oed pan fydd plentyn yn gallu rhoi caniatâd drosto ei hun, dylai gweithiwr gofal iechyd proffesiynol â chyfrifoldeb am ofalu am y plentyn gynnwys y rhai sydd â chyfrifoldeb riant am ofal y plentyn, oni fydd y plentyn yn benodol yn gofyn i'r gweithiwr gofal iechyd beidio â gwneud hynny.
3. Os bydd claf yn gymwys yn feddylol i roi caniatâd ond na fydd yn gorfforol yn gallu llofnodi ffurflen, dylai'r ffurflen hon gael ei chwblhau a'i llofnodi gan dyst annibynnol fel cadarnhad bod y claf dan sylw wedi rhoi ei ganiatâd ar lafar neu'n aneirol.
4. Lle nad oes gan glaf sy'n oedolyn (18 oed neu drosodd) y gallu i roi neu atal caniatâd, rhaid i benderfyniadau gael eu gwneud gan y gweithiwr gofal iechyd proffesiynol sy'n gofalu am y claf. Rhaid i benderfyniadau gael eu gwneud er budd y claf, gan ystyried unrhyw ddymuniadau a oedd wedi cael eu mynegi yn flaenorol gan y claf (er enghraifft, cyn colli'r gallu i wneud penderfyniadau), ac unrhyw farn neu ddymuniadau a fynegwyd gan deulu neu ffindiau'r claf.

Canllawiau ar y gyfraith mewn perthynas â chyfrinachedd a chaniatâd / I gael crynodeb cynhwysfawr, gweler cyhoeddiad yr Adran Iechyd

Confidentiality: NHS Code of Practice ar gael yn

http://www.dh.gov.uk/en/Managingyourorganisation/Informationpolicy/Patientconfidentialityandcaldicottguardians/DH_4100550