

Consent Form: Liverpool Healthy Lung Programme

This consent form seeks your permission:

1. For information collected about you during and after your appointment with the lung nurses (your clinical records) to be held and processed by NHS Liverpool Clinical Commissioning Group.
2. To share your information with partners so the NHS can learn. **You can say no, and this will not affect your care or treatment in any way. You will still be able to take part in the Healthy Lung Programme.**

Please read carefully and initial each section	Please initial boxes
<p>I have read the Healthy Lung Information Leaflet (version V10 Healthy Lung , 11 April 2016) for the Liverpool Healthy Lung Programme.</p> <p>I have a copy of the leaflet to keep.</p>	
<p>I have had an opportunity to discuss the programme, ask questions and understand why it is being done.</p> <p>I know how to contact the clinical team if I need to.</p>	
<p>How my information will be held and processed:</p> <p>I agree that information collected about me by the Liverpool Healthy Lung Programme (my clinical records) can be held and processed by NHS Liverpool Clinical Commissioning Group.</p> <p>This will include hospital information, including information about follow up tests</p>	
<p>How my information will be used:</p> <p>I understand that my participation in providing my personal information is voluntary</p> <p>I can ask that my personal information is not provided at any time</p> <p>I can withdraw from providing my personal information at any time:</p> <ul style="list-style-type: none"> • I don't need to give a reason • This will not affect my participation in the Liverpool Healthy Lung Programme • This will not affect my legal rights • This will not affect my future medical care in any way 	

<ul style="list-style-type: none"> • I understand that any information about me will be treated confidentially and stored securely • my clinical information from my records collected by the Liverpool Healthy Lung Programme may be shared with the ACE Project at Queen Mary University of London, and with an evaluation partner chosen by NHS Liverpool Clinical Commissioning Group. This information will be anonymised to the team working on this project, i.e. I cannot be identified in any way. 	
<p>I am willing for the Healthy Lung Programme to contact me in the future to ask for my views about this programme</p>	
<p>I agree that Liverpool Clinical Commissioning Group can share my clinical information from my records, collected by the Liverpool Healthy Lung Programme, with the University of Liverpool Roy Castle Lung Cancer Foundation Research Programme team. NHS Liverpool Clinical Commissioning Group will not share my name or address but will share my date of birth, postcode and NHS Number so that the University can link my information from the Healthy Lung programme with other national information.</p> <p>This includes access to my NHS medical notes (e.g. the results of hospital tests, types of diagnosis and any treatment I receive).</p> <p>The University of Liverpool will hold these data for up to ten years, after which records will be safely destroyed.</p> <p>I understand that information held and maintained by the Health & Social Care Information Centre and other agencies including the Office of National Statistics, the England Cancer Registry and the NHS Hospital Episode Statistics database keeping patient medical and mortality records will provide information about my health and eventual cause of death status.</p>	

NHS number of participant *(auto insert from EMIS)*

Name of Participant (Block
Capitals)

Date

Signature

Consented by (Block Capitals)

Date

Signature

Signed copy to be given to patient when they attend clinic.