

National Vascular Registry

Patient consent for processing 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 (NVR), which is set up to monitor and improve patient care. The NVR wishes to collect a few personal details about you - your NHS number, name, date of birth and postcode. The NVR needs these personal details in order to help us link the NVR 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 NVR conforms to the strict confidentiality rules defined by the UK GDPR, the UK DPA 2018, the NHS Act 2006, and the Health and Social Care Act 2012. No personally identifiable data will be shared outside NHS England or Department for Health and Care Wales. After the data has been made de-identified (so people cannot be identified), it may be shared for research, but only after review by a strict approvals process.

We need your permission to hold and share 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. Should you wish to withdraw your consent at any time, please send an email to nvr@rcseng.ac.uk and put "Request to opt-out" in the subject line or speak to the team treating you in hospital.

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, received satisfactory answers and seen the NVR's [patient information leaflet](#).

☐ 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