

NATIONAL HIATUS SURGERY REGISTRY

Patient Details

Surname:

Forename:

Date of Birth:

NHS/Hospital Number:

Email Address:

Consultant:

NHS Trust/Hospital:

Date of Consent:

Procedure:

The National Hiatal Surgery Registry (NHSR) is a National Database used by Upper Gastrointestinal Surgeons in the NHS and Private Healthcare to record information about the surgery they perform on you. This information will allow surgeons and hospitals to reflect on their outcomes and compare them to National Standards through anonymised annual reports.

This database will require surgeons to include some details about your operation, your identity will be protected and only your hospital number and contact email/telephone number will be recorded in a secure and confidential manner. The reason for inclusion of these details is to ensure that the database can be used to track your progress and on occasion contact you about the outcome of your surgery. This registry will not record any directly identifiable information about you. The purpose of this registry is to improve patient care, there is no obligation to participate and whether you decide to participate or not, your care will not be affected in any way. The information in this database is stored in a secure server and protected under the new UK-GDPR (General Data Protection Regulation) and amended Data Protection Act 2018 Regulations. You have the right to opt out of being included at any time in the future, even if you consent now.

By signing this form, you authorise us to record and use your NHS number and contact e-mail/telephone number in NHSR. Your information will not form part of your hospital healthcare record and will never be shared with a third party unless you have consented to participate in the GOLF study.

For further information see Patient Information Leaflet.

I have read the above information and understand that by consenting now I will be contacted automatically as part of the follow up process. It will remain your right as a patient to discontinue follow up contact at any point in the future or ask for your details to be completely removed from the database all together.

Name of Patient:

Signature:

Date:

Signature of Surgeon: