

Nottingham Centre for Transgender Health

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Let us know about your experience:

Call us: 0115 993 4542 | **E-mail us:** PALS@nottshc.nhs.uk

Write to: DMH, Porchester Road, Nottingham, NG3 6AA

Use this website to share your experience or find out what other people are saying about their experience: <https://rebrand.ly/UserCarerFeedback>

This document is also available in other languages and formats upon request.

Su richiesta, questo documento è disponibile in altre lingue e in altri formati.

Sur demande, ce document peut être fourni en d'autres langues et formats.

Na życzenie, dokument ten można uzyskać w innych językach i formatach.

यह दस्तावेज़ अनुरोध किए जाने पर अन्य भाषाओं और प्रारूपों में उपलब्ध है।

ਇਹ ਦਸਤਾਵੇਜ਼ ਬੇਨਤੀ ਕੀਤੇ ਜਾਣ ਤੇ ਹੋਰ ਭਾਸ਼ਾਵਾਂ ਅਤੇ ਰੂਪਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

در صورت درخواست این سند به زبانها و شکلهای مختلف در اختیار شما قرار می گیرد.

یہ دستاویز دیگر زبانوں اور مطلوبہ شکلوں (فارمیٹ) میں بھی دستیاب ہے

هذه الوثيقة متاحة بلغات أخرى وباشكال غير الكتابة المقروءة وذلك عند الطلب



How we manage your information Nottingham Centre for Transgender Health

www.nottinghamshirehealthcare.nhs.uk



Making a
Difference

Trust Honesty Respect Compassion Teamwork

Introduction

As you are a patient at the Nottingham Centre for Transgender Health, we at Nottinghamshire Healthcare NHS Foundation Trust need to hold information about you. We now need your consent to the process. This is important because without your consent, we can't provide you with safe, high quality care.

We provide the highest quality of care to our patients and work with you to make decisions in your best interest. We base our advice on your clinical history and the information about your treatment to date. In the course of your treatment here, you may change your identity and/or obtain a Gender Recognition Certificate. If you do this, the clinical electronic and paper records we hold and process for you must only reflect your new, acquired identity and all data from your previous identity is separated and archived under the terms of the Gender Recognition Act.



Consent Form - Form C1

I [insert forename/surname]
have read and understood the attached information and hereby
give consent for the Nottinghamshire Healthcare NHS Foundation
Trust's Nottingham Centre for Transgender Health, to:

Create a link in the Centre for Transgender Health system between my old and new records (both paper and electronic).

Share my information with the people required, as stated in the Share List.

I understand if I do not consent, I can no longer be treated by the Nottinghamshire Healthcare NHS Foundation Trust's Centre for Transgender Health

Signed: _____ Date: / /

Print Name: _____

DOB: / / NHS #:

Please tear off and return this form to the Nottingham Centre for Transgender Health.

Legal Note:

This consent is for the purposes of meeting the requirements of schedules 2 & 3 of the Data Protection Act 1998 (as amended) for Nottinghamshire Healthcare NHS Foundation Trust as data controller and for the Gender Recognition Act 2004 (as amended) as it relates to the Trust, which in return undertakes to provide adequate security and compliance with legal requirements. It also waives the common law of confidentiality where internal Trust discussion is required. It cannot offer any guarantee of behaviour by third parties, eg GPs, Other NHS Bodies, Commissioning Practises or Consortia, etc., from whom you should seek separate assurances.

Thank you for your support in helping us to treat you with the care and confidentiality you deserve.

More information

If you require more information please visit our website:

<https://www.nottinghamshirehealthcare.nhs.uk/nottingham-centre-for-transgender-health>

Here you will find a range of information including frequently asked questions and links to appropriate legislation and helpful websites.

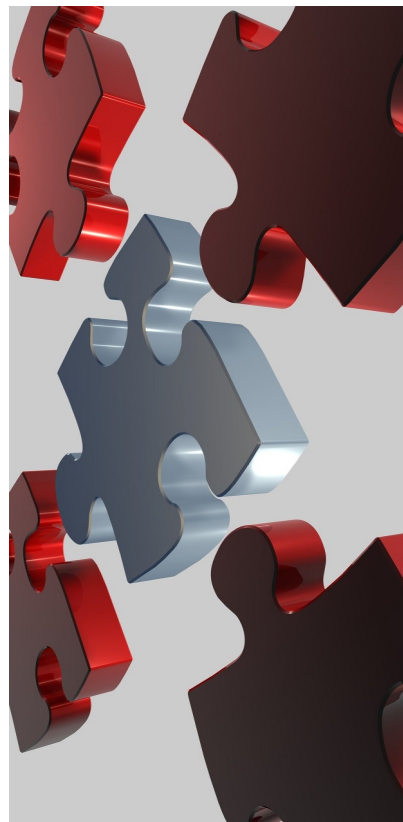
Please note we cannot answer any specific clinical questions or give information over the phone due to the Data Protection Act. If you have a specific question relating to your care please write to us at the address, or via email, provided on the back of this leaflet.

If you have not already completed a Text and Email Agreement form this will need to be done before we can discuss any clinical matters as a requirement by the Trust. The form can also be found on our website.

Please tear off the attached consent form and return it to the Nottingham Centre for Transgender Health as soon as possible.



The difficulty this creates for us is that your registration and appointment history is then removed from our system and we no longer have a connection between it and your ongoing treatment. As you'll appreciate, this creates risks to your ongoing care and funding arrangements.



We have now developed a solution to this problem in consultation with individuals and commissioners, who endorse our plans. This solution is to create a link in the system between your old and new records (both paper and electronic) so that we have continuity of information and a full picture of your needs and care.

We then need to share this information during your treatment with only those concerned with the delivery or support of your care. This is referred to as the 'share list' and further details are given on the next page. However, we can't do this without your consent.

We are doing all we can to maintain safe, high quality care at the same time as protecting your privacy. We appreciate the sensitivity of this and want to reassure you that we are as conscientious and diligent in our duty of confidentiality as you would wish. If you decide not to agree to this, for the reasons stated above, we unfortunately will not be able to provide treatment to you.

The Share List

This is the list made up of both internal (Nottingham Centre for Transgender Health) and external agencies with which your information may be shared. This is known as the 'share list', referenced in your consent form and is broken into two sections;

- Nottingham Centre for Transgender Health staff
- External Agencies

It says who we might share your information with in order to make sure funding is in place and to treat you safely.

1. Nottingham Centre for Transgender Health staff and services share list

Your gender clinical records are stored on paper and are kept safe and secure at the Nottingham Centre for Transgender Health. Your details, clinical correspondence and registration information are held electronically. The people who will access this information are the people who:

- Treat you
- Work in the Nottingham Centre for Transgender Health
- Arrange the funding for your treatment
- Maintain the Nottingham Centre for Transgender Health information technology systems
- Deal with a comment or complaint if you make one

2. External Agencies share list

This share list includes external agencies with which we can share your information. The list includes:

- Your GP
- Your commissioners, (the people who provide funding for your care)
- Your surgeons
- Your endocrinologist



- Your speech therapist
- Your hair removal specialist
- Any other specialist health or social care professionals (who are already aware of your details)
- Anyone appointed by you to act on your behalf
- Any relevant court of protection or holder of power or attorney
- Anyone who obtains a court order requiring us to do so
- NHS Gender Dysphoria National Referral Support Service



The share list, both Nottingham Centre for Transgender Health and External Agencies, will be held on our website.

Any changes made to the above share list will be posted online immediately. If we need to share your information with an organisation or individual not on this share list we will ask you for your additional consent.

The Trust will hold your consent for the legal time frames set by national NHS guidance. This consent does not affect your statutory rights in any way.

The attached consent form (C1) makes references to the above share list. The consent form covers the current Data Protection Act, gender recognition legislation and common law. Please complete the consent form and return it to the Centre for Transgender Health.

Your data

Please help us keep your information correct and up to date by letting us know whenever there is any change to your personal details, for example:

- Your name
- Your phone number
- Your NHS number
- Your next of Kin
- Your GP