

CP3(SS)(5)

## IMPORTANT NOTES FOR PATIENTS

### CMS Registration Declaration

#### A: Consent for Data Sharing

☐ I consent to any necessary and relevant dispensing and clinical data about my care under the NHS Chronic Medication Service (CMS) being shared between my community pharmacy and GP practice.

#### B: CMS Registration

☐ I wish to access NHS pharmaceutical services under the Chronic Medication Service (CMS) from this NHS community pharmacy and I understand and accept the conditions which apply to this registration for CMS, as explained by the pharmacist.

#### C: CMS Eligibility

☐ I confirm that:

- i) I am registered as a patient with a GP Practice in Scotland other than as a temporary resident; and
- ii) I have a long term condition(s) which requires ongoing management.

#### D: CMS Declaration

☐ I consent to any relevant clinical data about my care under CMS which is necessary and relevant to the prevention, detection and investigation of crime being shared between my pharmacy, GP Practice and the Common Services Agency.

☐ I declare that the information I have given on this form is correct and complete. I understand that, if it is not, appropriate action may be taken. I consent to the disclosure of relevant information from this form including to and by the Common Services Agency, my GP Practice and my community pharmacy to enable the Agency to confirm my eligibility to register for CMS and for the purposes of prevention, detection and investigation of crime. I also consent to the disclosure of any relevant data to the Agency for the purposes of prevention, detection and investigation of contractor fraud.