



## Adding information from administrative health records - adults (16+)

Please read this form and sign below if you give your permission for us to add information from health records to your survey responses. It is completely up to you which permissions you choose to give. You can withdraw your permission at any time in the future.

**I have received a leaflet explaining what information held by the National Health Service and related agencies may be added to the survey and how it would be used. I have had the opportunity to ask questions.**

**Please write your initials to indicate that you give permission**

### HEALTH DATA

I authorise the National Health Service, the Departments of Health, the General Register Office and the Office for National Statistics to disclose to the organisation responsible for this survey information about my health treatment and use of health services, including hospital admissions data, for future research studies of the frequency, causes, treatment or outcome of diseases and health conditions.

INITIALS

### FOLLOW-UP ON HEALTH REGISTRATION

I understand that information held by the NHS and records maintained by The NHS Information Centre, the NHS Central Register and other central UK NHS bodies may be used to help contact me and provide information about my health status.

INITIALS

**If you give permission for us to collect any of this information please sign below.** Your permission will stay in place unless you write to us to say you want it removed. This is detailed in the information leaflet. We will remind you of the permissions you have given periodically. You can contact the research team on, **Freephone 0800 252 853** or by writing to **Freepost RRXX-KEKJ-JGKS, Understanding Society, University of Essex, Wivenhoe Park, Colchester, CO4 3SQ**

Respondent

Sign  Date  Print name

Interviewer

Sign  Date  Print name

## Thank-you!

Serial

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Address

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HH.No

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P.No

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