# Information Sharing Agreement

Dear Physician Member,

The South Island Division of Family Practice and the Practice Support Program (PSP) are initiatives of the GPSC and work together to support family doctors. In order to inform planning and implementation for Primary Care Networks in our community, we are seeking your consent to share the following information.

* The PSP Services that you have received or participated in and dates of completion,
* Details of those services that may help best support your practice, professional and clinic needs. This could include but is not limited to panel size and composition, quality improvement projects you have undertaken, etc.

I hereby give consent for PSP to share information regarding participation in PSP services as defined below with the South Island Division of Family Practice to assist with their work in planning and implementing a Primary Care Network for the community. You may withdraw your consent at any time by sending an email to [gpsc@doctorsofbc.ca](mailto:gpsc@doctorsofbc.ca).

“PSP Services” include the following:

* GPSC PMH Assessment Completion
* Small Group Learning Session Registration & Completion
* PSP Learning Module Registration & Completion
* Status and Completion of the phases of Panel Management (i.e. Empanelment, Initial Panel-Clean Up, and Panel Optimization)
* Quality Improvement Facilitation Cycles Underway

Physician Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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