

Section 9: This Information Sharing Agreement must be signed and agreed by the Service Director or functional equivalent and Caldicott Guardian/Designated Officer for each organisation.

**Information Sharing Agreement
SUMMARY OF ENDORSEMENTS**

Coordinate My Care

The parties to the agreement are as follows;

Organisation	
Address	
Contact details	
Signature	
Name:	
Designation:	
Date:	

Organisation or Organisations covered by this signature, with addresses, and showing NHS Org. Code(s) where relevant: (please print)	
Signature Signature or, if submitting electronically, 'Please accept this as formal confirmation':	
Name: (please print)	...
Email: (please print)	
Designation:	Caldicott Guardian (or equivalent function)
Date:	

An up to date list of all participating organisations to this Joint Controller Agreement may be obtained from the Coordinate My Care Team upon request. As of February 2020, there are 1400 participating organisations - controller organisations - party to this agreement. This will include Hospital and Community NHS Trusts, GP practices, hospices and care homes.