

My Care Record

OPT- OUT FORM

Request for my clinical information to be withheld from My Care Record

If you DO NOT want to be included in My Care Record, please fill out the form and send it to your GP practice with proof of ID

A. Please complete in BLOCK CAPITALS

Title..... Surname/Family Name.....
Forename(s).....
Address.....
Postcode..... Phone No DOB.....
NHS Number (If Known) Signature

B. If you are filling out this form on behalf of another person or a child, their GP practice will consider this request. Please ensure you fill out their details in section A and your details in section B

Your name Your signature.....
Relationship to patient Date

What does it mean if I DO NOT have My Care Record?

The people caring for you need access to your health and care record in order to make the best decisions about your diagnosis and treatment. This could include GPs, hospital-

based clinicians, nurses, health visitors and social workers.

For this to happen more quickly and to improve the care you receive, a process has been put in place using existing computer systems.

This allows your information to be accessed by health and care clinicians and professionals within local health and care organisations that are providing you with care.

I DO NOT consent to sharing the detailed record

FOR NHS USE ONLY

Actioned by practice: yes/no

Date.....

Please use the below codes.

93C1 or XaKRw - Refused consent for upload to local shared electronic record
93C0 or XaKRv - Consent given for upload to local shared electronic record