

OPT OUT FORM

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

NHS healthcare staff caring for you may not be aware of your full medical/social history, including current medications, allergies and any bad reactions to medicines you have had.

You will continue to be prompted for your past medical and social history, medication and allergy information at each care setting consultation when they are required.

Your records will stay as they are now with the relevant information being shared across health and social care organisations by letter, email, fax or phone.

What does it mean if I DO have a Shared Care Record?

This will allow more time to be spent on you and your care, as relevant information is immediately available for the NHS healthcare staff providing your care.

Health professionals caring for you will have access to the same up-to-date information, which will provide an accurate and complete history across health and social care organisations.

Any care professional treating you will have access to important information about you, especially when care is unplanned, urgent or during evenings and weekends.

If you have any questions, or if you want to discuss your choices;

Please contact your GP Practice or the St Helens Shared Care Record Team on 01744 646868.

CONFIDENTIAL

By completing this form and returning to my GP Practice;

I am requesting for my clinical information to be withheld from the St Helens Shared Care Record.

If you DO NOT want a Shared Care Record please complete the form and send it to your GP Practice.

Please complete in BLOCK CAPITALS

Section A

Title..... Surname.....

Forename(s).....

Address.....

Postcode..... Telephone..... Number Date of Birth.....

NHS Number (if known)..... Signature.....

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

Section B

Your name..... Your Signature.....

Relationship to patient..... Date.....

FOR NHS USE ONLY

Practice: Yes / No Date StH-SCR: Yes / No Date