

**OPT OUT FORM**

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

<p>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.</p>	<p>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.</p>	<p>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.</p>
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**What does it mean if I DO have a Shared Care Record?**

<p>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.</p>	<p>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.</p>	<p>Any care professional treating you will have access to important information about you, especially when care is unplanned, urgent or during evenings and weekends.</p>
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**If you have any questions, or if you want to discuss your choices;  
Please contact the St Helens Shared Care Record Team on 01744 646868.**

**CONFIDENTIAL**

**By completing this form and returning the form in the envelope provided;  
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 return to the St Helens Shared Care Record Team.**

**Please complete A&B in BLOCK CAPITALS**

**Section A**

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

Forename(s) .....

Address .....

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

Signature ..... Date .....

NHS Number (if known) .....

**Section B**

GP Practice name/Address .....

**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 & B and your details in Section C.**

**Section C**

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

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

Please return to  
**St Helens Shared Care Record Team**  
**Pavilion Building, Alexandra Park, Prescott Road**  
**St Helens, WA10 3TP**

**FOR NHS USE ONLY**

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