# Dorset Care Record – Opt Out Request Form

I wish to Opt Out of the DCR and understand that I will not have a record in the DCR and information will not be available to any H&SC professional using the DCR system, even in a medical emergency.

Please complete in BLOCK CAPITALS. If you are completing this form on behalf of another adult or child, please ensure you put their details in Section A and your details in Section B.

Section A: Complete for yourself or the person who wants to Opt Out

|  |  |  |
| --- | --- | --- |
| Title: | Last Name: | |
| Forename(s): | | |
| Address: | | |
|  | | |
|  | | Postcode: |
| Date of Birth: | | |
| NHS Number (if known): | | |
| Signature: | | Date: |

Section B: Only to be completed by the representative if acting on behalf of person who wants to Opt Out.

|  |  |  |
| --- | --- | --- |
| Your name: | Your signature: | |
| Relationship to patient: | | Date: |
| Contact details: | | |
|  | | |
|  | | |

If acting as a parent/carer for a child/young person, I confirm that I have parental responsibility.

If acting as a representative for another adult, I confirm that they lack capacity to understand this form and I have authority to act on their behalf.

The DCR Privacy Officer may need to contact you to confirm you have parental responsibility or authority to act on behalf of another.

You may be required to provide relevant documentation.

**Please send this form to:**

DCR Privacy Officer, The Dorset Care Record Partnership, County Hall, Colliton Park, Dorchester, Dorset, DT1 1XJ