



CONFIDENTIAL

OPT-OUT FORM

Request for my clinical information to be withheld from the **Summary Care Record**

If you **DO NOT** want a Summary Care Record please fill out the form and send it to your GP practice

A. Please complete in BLOCK CAPITALS		
Title	Surname / Family name	
Forename(s)		
Address		
Postcode	Phone No	Date of birth
NHS Number (if known)		
,	alf of another person or a child, their GP n section A and your details in section B	practice will consider this request.
Your name		Your signature
Relationship to patient		Date
What does it mean if I DO NOT have a Summary Care Record?		
NHS healthcare staff caring for you may not be aware of your current medications, allergies you suffer from and any bad reactions to medicines you have had, in order to treat you safely in an emergency.	Your records will stay as they are now with information being shared by letter, email, fax or phone.	If you have any questions, or if you want to discuss your choices, please: • phone the Summary Care Record Information Line on 0300 123 3020; • contact your local Patient Advice Liaison Service (PALS); or • contact your GP practice.
FOR NHS USE ONLY		
Actioned by practice: yes/no		Date