

My Care Record – OBJECT TO SHARE FORM

If you DO NOT want to be included in *My Care Record*, please fill out this form and present or send it to the care provider who holds the records that you do not wish to be shared with proof of ID.

A. Please complete in BLOCK CAPITALS

Title..... Surname/Family name.....

Forename(s).....

Address.....

Postcode..... Phone No. D.O.B.....

NHS Number (If known) Signature

B. If you are filling out this form on behalf of another person or a child, the care provider 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 allow access to *My Care Record*?

You can choose to object to *My Care Record*. It is your choice but allowing access to your medical and social care information will make it easier to provide the best quality care and support for you.

It is worth noting that not sharing vital information about you with other organisations involved in your care could affect the quality of care that you receive. There may be circumstances where your objection may not be upheld. For example:

1. If it is in the public interest for data to still be shared. For example if there is a safeguarding issue, or in the case of a mental health patient who might be at risk from harming themselves or a member of the public
2. If clinical care cannot be provided. For example in referring a patient to hospital and data needs to be shared for the hospital clinician to do their job properly. In this instance the patient can then choose not to have the treatment and therefore not have their data shared.
3. Some computer systems may not be well enough developed to prevent sharing of information. However this information still remains confidential amongst the team of people that are directly caring for you.

☐ I DO NOT give permission to share my record with My Care Record

NHS USE ONLY ACTIONED BY CARE PROVIDER:

Name Date