

My Care Record - CANCELLATION OF OBJECT TO SHARE FORM

If you have previously objected but now wish to be included in *My Care Record*, please complete this form and send it or present it to the care provider who holds the records that you wish to be shared with proof of ID.

A. Please complete in BLOCK CAPITALS

Title..... Surname/Family Name.....

Forename(s).....

Address.....

Postcode..... Phone No Date of birth

(DD/MM/YYYY)

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 cancel my objection to share with *My Care Record*?

The people caring for you need access to your health and care record in order to make the best decisions about your diagnosis and treatment. For this to happen more quickly and to improve the care you receive, a process has been put in place. This allows the information to be accessed using new and existing computer systems.

By signing this form, you are confirming that you now wish to cancel your objection and you are happy for your records to be shared with *My Care Record*.

Please mark the box below.

☐ I wish to **CANCEL** my objection to sharing information with *My Care Record*

NHS USE ONLY ACTIONED BY CARE PROVIDER:

Name Date