**ShareforYou**

**OPT-OUT FORM**

Request for my clinical information to be withheld from the ShareforYou Record.

If you **do not** wish for your clinical information to be uploaded to your ShareforYou record then please complete the form below and return to your GP Practice.

Please complete in BLOCK CAPITALS

Title…. Surname/ Family Name

Forename(s)

Address

Postcode Phone No Date of Birth

NHS Number (If Known) …………………………………

If you are completing this form on behalf of another person or child, their GP Practice will consider this request.

Please ensure you complete the details above and your details below

Your name ………………………………….

Your signature …………………………………

Relationship to patient Date

**What it means if you do not have a ShareForYou Record:**

NHS Healthcare Staff caring for you may not be aware of the content of your current medical record in order to treat you safely in an emergency.

ShareforYou has been introduced to patients by Oldham CCG, part of the [Oldham Cares](https://oldhamcares.com/) family.