Opt-Out Form - Request for my clinical information to be withheld

You must enter your details below and return this form even if you wish to not opt out to acknowledge your opt in preference.

|  |  |
| --- | --- |
| I opt out of having a Summary Care Record | [ ]  |

# Summary Care Record (SCR)

The SCR is an electronic record which contains information about the medicines you take, allergies you suffer from and any bad reactions to medicines you have had. Having this information stored in one place means that healthcare staff can provide safer care during an emergency, or when it is urgent. SCRs are also useful if you need care when your GP practice is closed or if you are away from home in another part of England. Only those involved in your care can access your SCR (using a secure chip and pin system). If you choose not to have a SCR it means that your records will be shared by letter, fax or phone but there may be a delay before the clinicians caring for you have relevant details to hand. See: <http://www.nhscarerecords.nhs.uk/>

|  |  |
| --- | --- |
| I object to my data leaving the GP Practice | [ ]  9Nu0(zero) |

# National Data Collection opt-out

From September 2021 NHS Digital will be collecting data from GPs for research and planning purposes. The data includes details of health conditions (such as diabetes, heart disease, cancer, high blood pressure, etc.) in the form of codes. The data collected will NOT include codes that relate to sensitive information (such as sexually transmitted infections), nor will it include notes written by the GP. Further information can be found at: <https://digital.nhs.uk/> and searching for GPDPR

You can object to the collection of your information for this purpose, your healthcare will not be affected.

(Tick this box ONLY if you do not wish to opt out at all.)

I agree for my data to be included in the Summary Care Record and National Data Collection

**3 If you are happy with your information being**

 **shared** **as described above please tick this box**

**(Details below must be completed by patient and form returned to surgery)**

|  |  |
| --- | --- |
| Name of Patient: | Date of Birth: |
| Address: |
| If you are filling out this form on behalf of another person or a child, the GP practice will consider this request. | Your Name: | Relationship to patient: |
| Signed: | Date: |

Actioned by practice: Yes / No Date: FOR NHS USE ONLY Confidential