



CONFIDENTIAL

### Information Sharing Opt-Out Form

### Request for my clinical information to be withheld from sharing between GPs, community and mental health staff

If you DO NOT want your clinical records shared with other services involved in your care, please complete this form and return it to the practice.

Please complete in BLOCK CAPITALS

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

Forename(s).....

Address.....

.....

Postcode.....

Telephone number.....

Date of Birth.....

NHS Number (if known).....

Signature.....

If you are filling out this form on behalf of another person or child, please complete the following:

Your name..... Your signature.....

Relationship to patient.....

Date.....

*What does it mean if I do not consent to share my data?*

Staff involved in your care may not be aware of your current medical history which means they may not be able to care for you as effectively as they would like.

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 contact the practice or discuss with your GP/Nurse at your next appointment.