**Opt out form**

Dear Patient

With your permission, *My Care Record* will provide health and social care professionals directly involved in your care, access to the most up-to-date information about you.

The people caring for you need to access your record in order to make the best decisions about your diagnosis and treatment. This could include GPs, hospital-based clinicians, nurses, health visitors and social workers.

*My Care Record* does not share your record, but gives health and care professionals permission to view your information.

Your information will only be accessed with your consent and while you are receiving treatment by a health and care professional.

The organisations that could be involved in the service are:

• GP practices in west Essex and east and north Hertfordshire

• Princess Alexandra Hospital Trust

• South Essex Partnership University NHS Foundation Trust

• North Essex Partnership Foundation Trust

• Hertfordshire Community NHS Trust

• Hertfordshire Partnership University NHS Foundation Trust

• East of England Ambulance

• IC24 (111 provider)

• Out of hours providers (such as PELC, HUC)

• Essex County Council and their care providers (such as Essex Cares)

• Hertfordshire County Council

• Other local hospitals (such as Addenbrooke’s, Whipps Cross and Broomfield)

You are in control and can change your mind at any time to limit who accesses your information and for what time period.

However, if you **do not** want your information to be made available, please complete this form and take to your GP Practice.

By opting out, health and care professionals will not be able to see your health and care history such as medications and previous investigations and treatments

Name: …………………………………………………………………………..

Date of Birth: …………………………………………………………………..

I **DO NOT** wish for *My Care Record* to be made available:

Signature: ………………………………………………………………………