

**Opt Out Form****Request for my information NOT to be available to view in Local Care Record or Connect Care HIE****What are Local Care Record and Connect Care?**

They allow real time viewing of your existing records between GP Practices and local Hospitals, enabling those directly caring for you to provide fast and effective care. For more information please visit:

<https://www.kingshealthpartners.org/localcarerecord> or www.lewishamandgreenwich.nhs.uk/connectcare**What will Opting Out mean to me?**

Real time viewing will not be available. You can change your mind at any time and opt back in. For further advice please speak to your GP or PALS Office for advice on the implications of Opting Out.

What do I need to do next?Complete below, then email to: gst-tr.gstpals@nhs.net or post: PALS Office, St Thomas' Hospital, Westminster Bridge Road, SE1 7EH.**Section A: Please complete PATIENT/CLIENTS DETAILS in BLOCK CAPITALS and BLACK INK:**

Title: Surname / Family Name:

Forename(s):

Address:

Postcode: Phone Number:

Date of Birth (DD/MM/YYYY): NHS Number (if known):

GP Name & Address:

Signature:

Section B: If you are filling out this form on behalf of another person or a child. Please ensure you fill out their details in Section A and your details in Section B:

Your Name: Your Signature:

Relationship to Patient/Client: Date:

APPLICANT DECLARATION: I request that my / their information is not available to be viewed in Local Care Record or Connect Care and unavailable to assist in treating me / them. I understand the consequences of taking this action and have carefully considered the implications.**Please tick the correct response regarding Section A:**

- I am the person named.
- The person named is under 13(as per GDPR age for consent for data processing). I am their legal guardian / have parental responsibility.
- The person named does not have capacity to give consent. I have lasting power of attorney or am the Court appointed Deputy

OFFICE USE ONLY:

Date Received:	
Staff Member:	
Date Actioned:	
Date GP and Patient notified:	

Patient would like to Opt back in:	
Reason for Opting back in:	
Signature:	
Date:	