

North West London Collaboration of Clinical Commissioning Groups

Sharing your information to improve care

Your choice

Please complete in BLOCK CAPITALS

You can choose whether to share your information and who can see it.

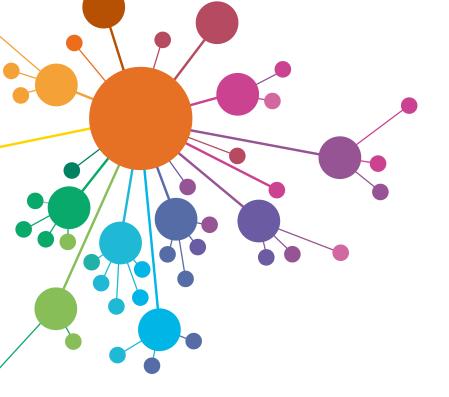
If you are happy to share your information

- Information about you is shared with health and care professionals providing care to you.
- Information (without your personal details) is shared anonymously with health and social care organisations to plan local services and improve care for everyone.

If you **do not** want to share, please complete the form below.

Title:			
Surname/Family Name:			
Forename:			
Address:			
Address			
	Postcode:		
Phone Number:		Date Of Birth:	
NHS Number (if known):			
If you are filling this form out on behalf of someone	else, please provide y	your details below (please use BLO	OCK CAPITALS)
Your name:			
Tool Harrie.			$\overline{}$
Your relationship to the named person:			
			<u> </u>
Your signature:		Date:	





GP System Read Codes

Office use only

System one

XaQVO- refusal for creation of electronic record

XaNWT- refusal MDG working

EMIS

9Nd1- refusal for creation of electronic record

9NbH- refusal MDG working

