



Sharing your information to improve care

Your choice

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.

Please complete in **BLOCK CAPITALS**

Title:

Surname/Family Name:

Forename:

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 your details below (please use **BLOCK CAPITALS**)

Your name:

Your relationship to the named person:

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