

My Care Record - Opt out form

Dear Patient

My Care Record allows health and care professionals directly involved in your care, access to information about your health and treatment.

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. For this to happen more quickly and to improve the care you receive, a new process has been put in place using existing computer systems. This allows your information to be accessed by health and care clinicians and professionals within local health and care organisations that are providing you with care.

This is not about sharing your record. It's about health and care clinicians and professionals accessing and viewing relevant and appropriate information relevant to your care and treatment

***My Care Record* involves local, NHS and social care organisations across Hertfordshire and west Essex. This may include:**

- GP practices in west Essex, east and north Hertfordshire and west Hertfordshire
- Essex Partnership University Trust (EPUT)
- Hertfordshire Community NHS Trust (HCT)
- Hertfordshire Partnership University NHS Foundation Trust (HPFT)
- East of England Ambulance
- 111 providers - Integrated Care24 (IC24) and Herts Urgent Care(HUC)
- Extended hours providers (Stellar Healthcare)
- Out of hours providers - Partnership of East London Co-operatives (PELC) and Herts Urgent Care (HUC)
- Essex County Council (ECC) and their care providers
- Hertfordshire County Council (HCC) and their care providers
- Local hospitals, such as: Barts Health NHS Trust, Cambridge University Hospitals NHS Foundation Trust (CUH), East and North Hertfordshire NHS Trust (ENHT), Mid Essex Hospital Services NHS Trust (MEHT), Princess Alexandra Hospital NHS Trust (PAHT), West Hertfordshire Hospitals NHS Trust (WHHT)

You are in control and can change your mind at any time to limit who accesses your information. However, if you **do not** want your information to be made available, please complete this form.

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 and I fully understand the implications of the decision that I have made.

Name:

Date of Birth:

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

Signature:
