

CONFIDENTIAL

OPT-OUT FORM

Request for my information NOT to be available to view in Connect Care HIE or Local Care Record

If you DO NOT want a Connect Care HIE or Local Care Record please fill out the form and send it to "FREEPOST LGT". Your information will continue to be shared by letter, email, fax or phone. You can change your mind at any time and opt back in.

If you have any questions or if you want to discuss your choices before completing this form, please phone 020 8836 4592 to speak to a member of the PALS team or visit the website www.lewishamandgreenwich.nhs.uk/connectcare

A. Please complete PATIENT DETAILS in BLOCK CAPITALS

Title: Surname / Family name:

Forename(s).....

Address.....

Postcode: Phone No: Date of birth:

NHS Number (if known): Signature:

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: Date:

Please tick the appropriate sentence:

☐ **I am the person named in Section A**

☐ **The person named in Section A is under 16 and I am their legal guardian/have parental responsibility**

☐ **The person named in Section A does not have capacity to give consent and I have lasting power of attorney**

I request that my/their information is not available to view in Connect Care HIE or Local Care Record and that no record is available to assist in treating me/them, even in an emergency situation.

I confirm that I have read the frequently asked questions leaflet and that I understand the consequences of taking this action and have carefully considered the implications of this for my/their health and care.