

London Care Record

Individual Rights Request Form

LONDON
CARE RECORD



If you would prefer your information not to be shared on the London Care Record, please complete the Individual Rights Request form at the end of this document.

1. What is the London Care Record?

The London Care Record brings together your health and care information from all over London, into a single digital view. Professionals working across multiple care settings use the London Care Record to access up-to-date information users when treating or caring for you. The London Care Record is available for health and care professionals to access securely through their fully auditable electronic health record systems.

The system in South East London is hosted by Lewisham and Greenwich NHS Trust and it is linked with health and care systems across London to provide the London Care Record.

2. What are the benefits of sharing my health and care information?

The London Care Record allows health and care professionals in London to see a more complete picture of your health and care needs, in one digital view. It includes relevant information such as allergies, medications, test results, and any care or treatments you may be receiving, or have had in the past.

When health and care professionals are more informed, it helps them to make the right decisions quickly, providing better and safer care. This is especially important during emergency situations or out of normal working hours. Only those involved in your care, and with whom you have a legitimate care relationship, are allowed to view your records via the London Care Record

3. How is my information protected?

By law, everyone working in, or on behalf of the NHS and social care, must respect your privacy and keep all information about you safe. The London Care Record uses a secure system that meets NHS and social care security standards. The system keeps an audit trail including the time and date when your record is accessed. If you have access to your patient record through a GP app you will be able to see this information. The laws on data protection are clear and we follow them to the required standards. Organisations who use the London Care Record are responsible for ensuring only the right people access your record and have strict policies and protocols in place to prevent inappropriate access, meaning staff must have a legitimate care relationship with you.

4. How do I object to my information being shared via the London Care Record?

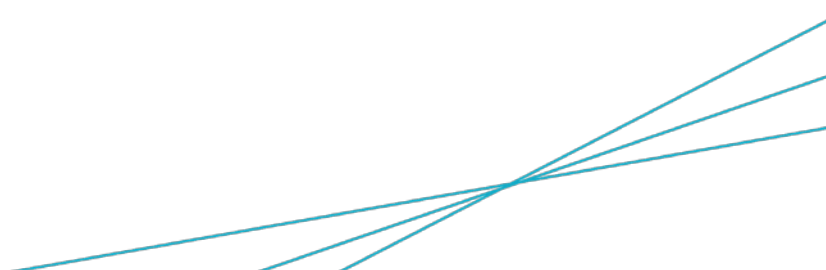
The London Care Record provides a range of benefits to your direct care. Your information is only accessible by a professional with a legitimate care relationship to you, when providing you care or treatment. If you wish to request for your information not to be shared via the London Care Record, you should first speak to your health or care professional about your concerns.

We want anyone who has concerns about their information being shared to understand how it could negatively impact the care the NHS and adult social care services can provide. If health and care professionals can't access your medical record:

- It might mean that tests or investigations are repeated because results from other organisations can't be accessed.
- You may need to repeat the same information to different health and care professionals.
- The staff treating you won't be able to see what has happened to you in different parts of the NHS and care system. They will only be able to see the record in their organisation, such as that particular hospital or GP practice.
- The staff treating you might not know what medication you are taking.
- It may delay your treatment.
- It will mean health and care professionals won't contact one another to check about your care history.
- Vital medical history won't be shared if you arrive at hospital unconscious or unable to share your own details

If you want to be removed from the London Care Record, please submit the completed form below to the email address indicated. Alternatively, you can print and complete the form and post it to the address at the end of this document or scan and return it to the email address. Please note if you post the form, you accept the risks of it potentially being lost in transit.

Your request to not share your information in the London Care Record will be reviewed by professionals providing your care before it is approved. Very occasionally there are overriding reasons why your request will be refused. Either way, we will inform you of the outcome.



Individual Rights Request

CONFIDENTIAL

Individual Rights Request Form to express your right to object to information being shared in the London Care Record.

This form should be submitted to the following email address **lg.irr@nhs.net**. If you change your mind at any time and would like your information shared in the London Care Record, please email **lg.irr@nhs.net**.

It is recommended that you submit this form by email to ensure it gets to us quickly. However, you may print and post it, if you prefer to the address below.

Information Governance – Individual Rights Requests
University Hospital Lewisham (UHL)
1st Floor, Estates Building,
Lewisham High Street,
London SE13 6LH

If you have any questions or if you want to discuss your choices before completing this form, you can call 020 3192 6011 and leave your name and number for someone to contact you.

If you would like further information on the London Care Record please visit the website www.lewishamandgreenwich.nhs.uk/london-care-record.

Please complete your details in block capitals.

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**

Section A:

Title

Last name.....

First name.....

Address.....

.....

Postcode

Phone Number

Date of birth

NHS Number (if known)



Individual Rights Request



Your signature

.....

Please confirm health and care organisations involved in your care (including your GP)

Care provider 1

.....

Care provider 2

.....

Care provider 3

.....

Care provider 4

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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**

Section B:

Your name

.....

Your signature

.....

Relationship to patient

.....

Date

Please tick **one** of the following options:

- I am the person named in Section A
- The person named in Section A is under 13 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 the London Care Record and that no record is available to assist in treating me/them, even in an emergency situation.

