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**RISK STRATIFICATION OPT-OUT FORM**

We are introducing a system call Risk Stratification within Herefordshire GP practices. This system uses confidential information from your medical record to identify patients who may need more care and support. We particularly want to be able to identify people at high risk of emergency hospital admission so we can offer more care to help improve their health and try to avoid a hospital admission. Identifying each person’s risk of future admission is called Risk Stratification.

The information from your record along with your postcode and NHS number will be sent to a secure system where it can be linked with information from hospitals if you have been in hospital recently. Your personal results can **only** be seen by those caring for you in your own GP practice. Anonymised information which does not identify you can also be used to help those planning NHS services in Herefordshire – but they will not be able to link this information to you as an individual in any way.

Please note that this local use of information for Risk Stratification is NOT the same as the Summary Care Record which is a national shared record, neither is it the same as the local sharing of records in the Local Health Record Network. For details of all these please see the leaflet on Data Sharing in Herefordshire

**You have a choice**.

If you are happy for your information to be used in this way you do not have to do anything.

If you DO NOT want your records to be used for Risk Stratification locally please fill out the form and leave it at reception

Please complete in BLOCK CAPITALS

Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname / Family name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forename(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NHS number (if known) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am happy to be contacted in future to discuss my decision if there are changes made to

the system Yes [ ] No [ ]

**For practice use only**

Actioned by practice: **9oh5** **[ ]**