



Website: www.MidlandsYourCareConnected.nhs.uk

Email: infoMidlandsYourCareConnected@nhs.net

Tel: 0333 150 3388 (Leave a voice message)

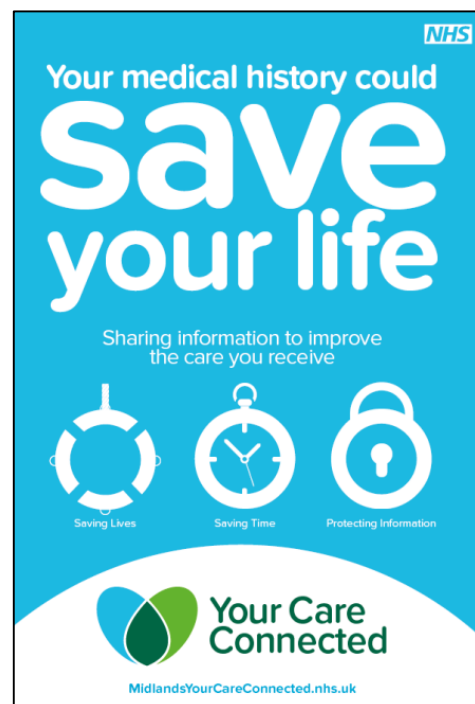
Your medical history could save your life

Your GP Practice is part of Your Care Connected (YCC), a potentially lifesaving local NHS record sharing service, implemented across Birmingham, Sandwell and Solihull to provide better, safer care. If you need to attend a local hospital, YCC makes it possible for the authorised health and care staff, who are caring for you, to securely access important medical information from your GP record to provide you with better, safer care.

Your Care Connected will only be used to improve the care you receive when you visit one of the local NHS organisations across Birmingham, Sandwell and Solihull as listed on our website:

www.MidlandsYourCareConnected.nhs.uk

Your data will not be: extracted, stored elsewhere, used for research or marketing or sold to any other organisations. **If you opt-out of Your Care Connected, it will also automatically stop your record being shared for any other local record sharing projects** (for example, restricting access to extended services and appointments that are being provided by neighbouring GP practices).



Your information, your choice

If you are happy to take part:

You do not need to do anything. If you visit one of the organisations listed on our website, those treating you will be able to securely access vital information from your record to help improve the care you receive.

If you do not want your information shared:

You will need to 'opt-out' to stop your record from being shared. To 'opt-out', please complete the form below and give this back to your practice. Your practice will then process your request to turn off record sharing.

Opt out form: Only complete if you do not want your information shared

Please complete this form in BLOCK CAPITALS if you do not want your information to be shared. If you wish to opt out on behalf of a child or vulnerable adult, you must request this from their registered GP practice by using this form. However, they may decline your request if they believe it is not in the best interests of the child or vulnerable adult in question.

Title: Name:

Date of Birth: Postcode: NHS No:
(DD/MM/YYYY) (if known)

I do not want my information to be shared via Your Care Connected. I understand that this may mean important information will not be available to those treating me when making decisions about my treatment in potentially urgent and life-threatening situations. I understand that by opting out of Your Care Connected I will also opt out of any other local sharing initiatives by default. I also understand that if I change my mind I can only opt back in by visiting my GP Practice.

Signed:

Date:

Please complete and return to your GP practice.

FOR NHS USE ONLY

Date:

Actioned by: