



Your Care Connected

Opt Out Form

Section A – 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 using Your Care Connected for the purpose of improving your direct care when visiting one of the participating NHS organisations. If you wish to opt out on behalf of a child or vulnerable adult, you must visit their practice and speak with a GP, but 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: Postcode: Date of Birth:
(DD/MM/YYYY)

NHS No.
(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.

**Please complete and return this form to
your GP practice if you do not wish to
take part in Your Care Connected**

Signed: _____

FOR NHS USE ONLY

Opt out request actioned by Practice on:
(DD/MM/YYYY)

Actioned by: