

Connecting your Care

Request to opt out of information sharing

Connecting your Care is a way of sharing information securely between different health and care record systems within south west London. This means health and care professionals will be able to immediately see important information about you that will help them make the best decisions about your care. This could be lifesaving in emergency situations.

What if I do not want to share my information this way?

Opting out means that the people looking after you may not have your full history available to them when they see you and will have to ask other organisations to share this information as they do now – by phone, email, fax and letter. This means it will take longer for them to get the information they need to assess and treat you, even in emergency situations.

Opting out of Connecting your Care is not linked to the National Data Opt Out, or any other national or local information sharing programmes. Even if you have opted out of other information sharing programmes you will still need to complete and return this form to opt out of Connecting your Care.

You can contact us if you would like to talk to us about Connecting your Care by calling 020 3668 3100 or via email connectingyourcare@swlondon.nhs.uk

Please take the time to read the frequently asked questions and Deciding to Opt Out leaflet (available online at our website, and on request from your GP practice or local PALS office at your local hospital) before sending us your opt out request.

Can I opt back in if I later change my mind?

It is easy to opt back in to Connecting your Care and you can do this at any time. Please download an opt-in form from www.swlondon.nhs.uk/connectingyourcare

Please complete pages 3 and 4 below to opt out of Connecting your Care and return your form by mail to: Freepost SWL CONNECTING YOUR CARE or scan and return via email to connectingyourcare@swlondon.nhs.uk

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Form to opt out of Connecting your Care

We may not be able to process forms that are inaccurate or incomplete, so please ensure all information is completed correctly and in full before it is submitted.

A: Please complete all sections in BLOCK CAPITALS

Title

Surname / Family name.....

Forename(s).....

Address.....

.....Postcode

Phone No.Date of birth.....

NHS Number (if known)

GP Practice name.....

GP Practice address

.....Postcode.....

B: If you are submitting this form on behalf of another person or a child, please complete their details in section A, and your details here in section B

Your name

Your signature

Relationship to patientDate



C: Please select one of the following statements:

- 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
-

D: Please tick each of the following statements as confirmation of your request:

- I understand that this means that health and social care professionals will not be able to immediately see my information via the Connecting your Care system, but they will have to find this information from other providers by other means (such as telephone/fax/email), as they do now, even in an emergency.
- I confirm that I have read the Frequently Asked Questions and the Deciding to Opt Out of Connecting your Care leaflet. I understand the consequences of taking this action and have carefully considered the implications of this for my/the named person's health and care.

Signature

E: We would like to contact you to answer any questions you might have about sharing your health and care information. Please tick here if it is ok for one of our team to contact you to discuss your choices.

We aim to process your request to opt out within 10 working days, but it can take longer. If you have not received a confirmation letter within 28 days, please call us on 0203 668 3100, or email us at connectingyourcare@swlondon.nhs.uk