

## PATIENT DATA SHARING OPT-OUT FORM

If you have read the following information leaflet:

'One Care – What is data sharing'

and you want to opt out or in of the data sharing described in the leaflet, please complete this form and hand it to the receptionist at your GP Practice.

We will then code your records appropriately so that your data is not shared.

### Patient Details

Name	
Date of Birth	
Address	
Signature	
Date	

**IF YOU ARE SIGNING ON BEHALF OF A CHILD UNDER 16 YEARS OF AGE PLEASE COMPLETE THE SECTION BELOW**

Your name:	
Relationship to the patient named above:	
Your signature:	

### Data Sharing with One Care

If you wish to opt-out or in to your records being shared with other local health care services who are part of One Care now or in the future, please tick the box below.

<input type="checkbox"/>	<b>OPT- OUT</b> I want to opt-out of my records being shared with other local health care services who are part of One Care and understand this means other healthcare services I access will not be able to access information on my GP records electronically if they are part of One Care.
<input type="checkbox"/>	<b>OPT-IN</b> I want to opt-in to my records being shared with other local health care services who are part of One Care and understand this means other healthcare services I access will be able to access information on my GP records electronically if they are part of One Care.

**PLEASE BE AWARE THAT YOU CAN REQUEST TO CHANGE YOUR, SHARING OPTIONS AT ANY TIME BY COMPLETING THE APPROPRIATE FORM AVAILABLE FROM YOUR GP PRACTICE.**