



## CONFIDENTIAL OPT IN FORM

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### Can I Opt back in to Connecting Care?

Yes, you previously Opted Out of Connecting Care, the local electronic patient record that allows health and social care professionals directly involved in your care, to share a summary of your medical record. Your Connecting Care record will help those caring for you to manage your care better, and allow information to be shared quickly and safely. Only authorised staff providing health services across Bristol, South Gloucestershire and North Somerset can access your record. It does not contain information about discussions you have had with your GP, or any information on sensitive subjects such as sexual health.

Your request to opt back in to Connecting Care will be processed within seven working days of receipt of the completed form and you will receive a letter to acknowledge that your record has been updated. If you do not receive confirmation within seven working days, please contact PALS, on the telephone number below.

**If you have any questions or if you want to discuss your options please contact:  
Patient Advice and Liaison Service (PALS) on 0800 073 0907 or 0117 947 4477.**

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If you want your Connecting Care Record to be accessible please fill out the form and send it to: **FREEPOST, Connecting Care SWCSU**, or email to [bnssg.pals@nhs.net](mailto:bnssg.pals@nhs.net) Forms sent anywhere other than to Connecting Care or PALS will not be actioned.

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### A. Please complete in BLOCK CAPITALS

Title: ..... Surname/Family name: .....

Forename(s): .....

Address: .....

Postcode: ..... Date of birth: .....

NHS number (if known): ..... Signature: .....

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### B. If you are filling this form on behalf of another person or child please ensure you put their details in section A and your details in section B.

Your name: ..... Your signature: .....

Relationship to patient: ..... Date: .....

If acting as a parent/carer for this child / young person, I confirm that this child is under 18.

If acting as a responsible person for this adult, I confirm that they lack capacity to understand this form and I have authority to act on their behalf.

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