



Your Care Connected

OPT OUT FORM

Section A – IF YOU WISH TO OPT OUT

Please complete this form in block capitals if you do not wish your information to be shared via Your Care Connected for the purposes of improving your direct care when visiting one of the participating organisations. A form must be completed for every person in your household that wishes to opt out of Your Care Connected. You can download and print more forms by visiting our website.

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.

If you wish to opt out, please return this form to your GP Practice

Signed: _____

FOR NHS USE ONLY

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

Actioned by: