Your medical history could save your life

Your GP Practice is part of Your Care Connected (YCC), a potentially lifesaving NHS record sharing service, implemented across Birmingham, Sandwell and Solihull to provide better, safer care. If you need to attend a local hospital, YCC makes it possible for registered healthcare professionals caring for you to securely access important medical information from your GP record to provide you with better, safer care.

Your Care Connected will only be used to improve the care you receive when you visit one of the local NHS organisations across Birmingham, Sandwell and Solihull as listed on our website:

www.MidlandsYourCareConnected.nhs.uk

Your data will not be: extracted, stored elsewhere, used for research or marketing or sold to any other organisations. If you opt-out of Your Care Connected, it will also automatically stop your record being shared for any other local record sharing projects (for example, GP practice to practice sharing for extended opening hours and seven day access).

Your information, your choice

If you are happy to take part: You do not need to do anything if you are happy to have your information accessed using Your Care Connected. If you visit one of the organisations listed on our website, those treating you will ask for your permission to view your record to help improve the care you receive.

If you do not want your information shared: You will need to ‘opt-out’. This will mean only your GP practice will be able to access your record. To ‘opt-out’, please complete the form below and give this back to your practice. Your practice will then process your request to turn off record sharing.

Opt out form: 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 request this from their registered GP practice by using this form. However 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: ...................................................................................................................

Date of Birth: .............................................. Postcode: .................................................. NHSNo. ..........................................................
(DD/MM/YYYY) (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.

Signed:...........................................................................................

Date: ............................................................................

FOR NHS USE ONLY
Date: 
Actioned by:

Please complete and return to your GP practice.