



Local Care Record

Request for my clinical information to be withheld from the Local Care Record

What does it mean to withhold information from the Local Care Record?

If you choose to opt out, the health professionals treating you will not be able to view your electronic Local Care Record. This could mean the people caring for you may not have all the information they need to provide fast, effective and safe care for you. Please be aware that information may still need to be shared for clinical and treatment purposes and therefore this will take place manually, for example by letter.

Please speak to your GP or healthcare professional or telephone 020 7188 8801 before deciding whether to opt out and they can provide further information. If you still feel you would like to opt-out, please complete this form and return to your GP or the Single Point of Contact (details below).

1) Please fill in your patient details in BLOCK CAPITALS.

Title Dr Mr Mrs Ms Miss

First Name(s): (in full) _____

Surname / Family Name: _____

Home Address: _____

Post-code: _____

Preferred telephone no: _____

Date of Birth: dd / mm / yyyy NHS Number (if known): _____

GP Name (if known): _____

GP Surgery Name & Address: _____

Reason for opting-out of the Local Care Record: _____

I am the person named above*

I request that my information is not available to be viewed in the Local Care Record and unavailable to assist in treating me / them, even in an emergency situation.

2) Declaration to be completed by the applicant:

I certify that the information given on this application form is true.
(insert first name / surname)

Patient Signature..... Date.....

***If patient is under 16 years old or does not have capacity this form should be counter signed by the patients**

GP practice: GP counter signature:

Single Point of Contact:

Contact details are:

Phone

020 7188 8801

PALS office

Main Reception

St Thomas' Hospital

Westminster Bridge Road

London SE1 7EH

Mon-Fri, 9am-5pm

PALS office

Main Reception

Guy's Hospital

Great Maze Pond

London SE1 9RT

Mon-Fri, 9am-5pm

e-mail

gst-tr.gstpals@nhs.net

Office Use Only

Date Received:

Staff Member:

Date Actioned:

Date GP and Patient notified:

Patient would like to opt back in (having previously opted out):

Reason for opting back in:

Signature:

Date: