



Your emergency care summary

## OPT-OUT FORM

### Request for my clinical information be withheld from the Summary Care Record

If you DO NOT want a Summary Care Record please fill out the form and send it to your GP Practice

#### A. Please complete in BLOCK CAPITALS

Title . Surname / Family Name

Forename(s)

Address

Postcode .. Phone No . Date of Birth ../ /

NHS Number (if known) Signature ..

#### B. If you are filling out this form on behalf of another person or child, their GP practice will consider this request. Please ensure you fill out their details in section A and your details in section B

Your Name your Signature

Relationship to patient .. Date ./ /

### What does it mean if I DO NOT have a Summary Care Record?

NHS healthcare staff scaring for you may not be aware of your current medications, allergies you suffer from and any bad reactions to medicines you have had, in order to treat you safely in an emergency.

Your records will stay as they are now with information being shared by letter email, fax or phone.

If you have any questions, or if you want to discuss your choices, please contact your GP practice.

#### FOR NHS USE ONLY

Actioned by practice: Yes / No

Date ./ /