



Clinical Commissioning Group

Sutton Integrated Digital Care Record opt-out form:

Request for your clinical information to be withheld from the Sutton Integrated Digital Care Record

What does it mean if you DO NOT have a Sutton Integrated Digital Care Record (SIDCR)?

Health and social care professionals caring for you may not be aware of:

- Your current medications in order to treat you safely and effectively
- Your current conditions and/or diagnoses, or any social care in place, which could lead to a delay or missed opportunity for correct treatment
- Any allergies/adverse reactions to medications and may prescribe or administer a drug/treatment with adverse consequences

The Sutton Integrated Digital Care Record will contain this up-to-date information, and it can be accessed by health and social care professionals with your consent.

If you DO NOT want a Sutton Integrated Digital Care Record please complete this form and hand in/send it to your GP practice.

If you have previously opted-out of the national Summary Care Record (SCR), you will be opted-out of the Sutton Integrated Digital Care Record. If you want to be included in the Sutton Integrated Digital Care Record, you can opt-in (please ask your Practice for an opt-in form), this will not affect your decision to opt out of the national SCR.

This is a local project and you will only be able to have an integrated digital care record if you are registered with a GP practice in Sutton.

A: Please complete in BLOCK CAPITALS

Title:

First name:

Last name:

Home address:

Date of Birth:

Doctor's name (if known):

Doctor's surgery address:

NHS Number (if known):.....

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

Your name:

Your signature:

Relationship to patient:

Date:

To opt out of the system, proof of identity is also required.

Please enclose a **PHOTOCOPY** of **TWO** or **MORE** of the following documents showing your:

- First name
- Last name
- Address
- Date of birth

Examples of acceptable documents are:

| | | | | |
|----------------------------|----|-------------------------|----------------------------------|--|
| Current UK driving licence | or | Personal ID | Plus one of the following | Address ID |
| | | Current signed passport | | Recent utility bill (Within the last 3 Months) |
| | | ID Card | | Local Authority Council Tax Bill |
| | | Birth certificate | | Bank/Building Society Statement of personal account |

If this information is not provided we cannot process this application any further.

3. Declaration: To be completed by the applicant.

I certify that the information given on this application form is true. I understand that it is necessary for my identity to be confirmed, and that it may be necessary to make further checks in order to ensure the correct information is provided.

.....
Signature

.....
Date

For NHS use

GP Practice to READ Code *“93C1 - Refused consent for upload to local shared electronic record”* onto the Patients GP Medical Record

Actioned by GP: Yes / No

Date.....