

PATIENT CHOICE FORM

Welsh GP Record and sharing data to support care and treatment

Please complete and return this form to your GP practice if you **do not want** a summary of your GP medical record to be included in the Welsh GP Record. This will also stop information being shared with other Health & Social Care settings. Your name, address and contact details, current diagnoses, medications and allergies, results of recent tests (like blood tests or xrays) **will not** be available to those who provide you with care and treatment, like hospitals, out-of-hours or in any emergency care situation. Please carefully consider each of the statements below and ensure you understand the implications of your choice.

SECTION A - To be completed by the Patient / Person acting on behalf of patient (with legal authority)

NHS Number (if known)			
Surname			
Forename(s)			
Address Line 1			
Address Line 2			
City / Town / Village			
Postcode			
Date of Birth			
GP Practice			
<input type="checkbox"/> I confirm that I want to opt out of the Welsh GP Record. I understand that this will also prevent those who provide me with care and treatment in other settings from accessing important information about my medical history. I understand that this may affect the treatment I receive or may mean I have to repeat the same information to multiple people as I receive care and treatment.			
<input type="checkbox"/> I have received enough information to enable me to make an informed decision to opt out.			
<input type="checkbox"/> I understand that if I move GP Practices, I will need to discuss my opt-out requirements with my new Practice as I will not automatically be opted out.			
<input type="checkbox"/> I have had an opportunity to discuss my decision with practice staff*			
<input type="checkbox"/> I did not want to discuss my decision with practice staff*			
SIGNATURE of Patient		DATE	

Where applicable:

NAME of Person acting with legal authority			
SIGNATURE		DATE	
<i>(Relationship to patient)</i>			

SECTION B - To be completed by Practice Staff

Date: Form received in the Practice	
Date: Opt-out Code added to GP record <i>(readcode: #9Ndo)</i>	
Name of Practice staff	
Job title	
Signature	

Copy to be retained by GP Practice