

Individual Health Record – Patient Choice Form

If you do not want a summary of your GP medical record to be included in the Individual Health Record, please complete the following details and return this form to your GP Practice.

SECTION A - To be completed by 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			
<p>I confirm that I want to opt out of the Individual Health Record and prevent out of hours medical staff from accessing my GP medical information outside surgery hours. I have received enough information to enable me to make an informed decision to opt out. 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. I have had an opportunity to discuss my decision with practice staff* / I did not want to discuss my decision with practice staff* (delete as appropriate)</p>			
SIGNATURE of Patient		DATE	

Where applicable:

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

SECTION B - To be completed by Practice Staff

Date: Form received in the Practice	
Date: Opt-out Code added to GP record (Read code - .93C1)	
Name of Practice staff	
Signature	

Copy to be retained by GP Practice and scanned into Patient's Records