The data held in your GP medical records together with data from other health and care providers in Greater Manchester is shared with healthcare professionals for the purposes of your individual care through the Greater Manchester Care Record. This is known as a locally shared electronic record. This means that if you need to consult another healthcare provider in Greater Manchester they will have access to this information. This can help them to make better informed decisions about your care. If you do not want your personally identifiable patient data to be shared outside of your GP practice in this way you can register an opt-out below. We will also apply a code opting your out of a nationally shared electronic record (although there isn’t one at present).

Please Note

* this will not opt you out of data sharing in the Summary Care Record which requires it’s specific opt out.
* The Greater Manchester Care Record also uses the information that they collect to support health and care planning and research. In addition, in Salford, the Salford Integrated Record collects your data for these purposes. Opting out will opt you out of this too.

You can use this form to:

* register an Opt-out from a locally shared electronic record, for yourself or for a dependent (if you are the parent or legal guardian of the patient) (to **Opt-out**)
* withdraw an existing Opt-out for a locally shared electronic record, for yourself or a dependent (if you are the parent or legal guardian of the patient) if you have changed your preference (**Opt-in**)

### This decision will not affect individual care and you can change your choice at any time, using this form. This form, once completed, should be sent to your GP practice by email or post.

**Details of the patient**

|  |  |
| --- | --- |
| **Title** |  |
| **Forename(s)** |  |
| **Surname** |  |
| **Address** |  |
| **Phone number** |  |
| **Date of birth** |  |
| **NHS Number (if known)** |  |  |  |  |  |  |  |  |  |  |

**Details of parent or legal guardian**

If you are filling in this form on behalf of a dependent e.g. a child, the GP practice will first check that you have the authority to do so. Please complete the details below:

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Relationship to patient** |  |

#### Your decision

**Opt-out**

I do not allow my identifiable patient data (or the patient above’s data) to be shared outside of the GP practice for purposes as a locally shared electronic record.

**Withdraw Opt-out (Opt-in)**

I do allow my identifiable patient data (or the patients above’s data) to be shared outside of the GP practice as a locally shared electronic record.

### **Your declaration**

I confirm that:

* the information I have given in this form is correct
* I am the parent or legal guardian of the dependent person I am making a choice for set out above (if appliable)

**Signature**

**Date signed**

**When complete, please post or send by email to your GP practice**

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**For GP Practice Use Only**

|  |  |
| --- | --- |
| Date received |  |
| Date applied |  |
| Tick to select the codes applied | **Opt – Out - Dissent code:**9ND1. No consent for electronic record sharing93C1. Refused consent for upload to local shared electronic record |  |
|  | **Opt – In - Dissent withdrawal code:**93C0. Consent given for upload to local shared electronic record 9Nd7. Consent given for electronic record sharing |  |