

**My Care Record - CANCELLATION OF OBJECT TO SHARE GP RECORD FORM
GP PRACTICES IN SUFFOLK AND NORTH EAST ESSEX ONLY**

If you have previously objected for your GP record being shared, but now wish to be included in *My Care Record*, please fill out this form and present or send it to the care provider who holds the records that you do wish to be shared. You may be asked for proof of ID.

A. Please complete in BLOCK CAPITALS

Title..... Surname/Family name.....

Forename(s).....

Address.....

Postcode..... Phone No.

Date of Birth..... NHS Number (If known)

Signature Date

B. If you are filling out this form on behalf of another person or a child, the care provider 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 give permission to share my GP record with *My Care Record*?

The people caring for you need access to your health and care record in order to make the best decisions about your diagnosis and treatment. For this to happen more quickly and to improve the care you receive, a process has been put in place. This allows the information to be accessed using new and existing computer systems.

By signing this form, you are confirming that you now wish to give permission to share your GP record with *My Care Record*.

For any other partner organisations, please contact the organisation who holds the records which you do want to be shared.

(Please visit www.mycarerecord.org.uk/who-s-involved for list of partner organisations)

NHS USE ONLY: ACTIONED BY GP SURGERY IN SUFFOLK AND NORTH EAST ESSEX ONLY:

Cancellation of objection to share recorded by: Name _____ Date _____

Surgery _____