



## CONFIDENTIAL OPT-OUT FORM

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### What does it mean if you Opt-Out of Connecting Care?

Health and Care staff caring for you may not be aware of your current medications, allergies you suffer from and any bad reactions to medicines you have had, in order to treat and care for you safely and quickly.

Your information will still be shared by letter, email, fax or phone, where appropriate, by those providing care to you. Your information will continue to be held in Connecting Care but will not be accessible by staff caring for you unless there is a safeguarding concern, in which case those staff will be able to access your Connecting Care record.

Your request to opt out of Connecting Care will be processed within seven working days of receipt of the completed form and you will receive a letter to acknowledge that your record has been updated. Staff involved in your health and care may be advised if you have opted out from Connecting Care.

If you do not receive confirmation within seven working days, please contact PALS, on the telephone number below.

**If you have any questions or if you want to discuss your options please contact:  
Patient Advice and Liaison Service (PALS) on 0800 073 0907 or 0117 947 4477.**

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If you **DO NOT** want your Connecting Care Record to be accessible please fill out the form and send it to: **FREEPOST, Connecting Care SWCSU** or email to [bnssg.pals@nhs.net](mailto:bnssg.pals@nhs.net) Forms sent anywhere other than to Connecting Care will not be actioned.

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### A. Please complete in BLOCK CAPITALS

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

Forename(s): .....

Address: .....

Postcode: ..... Date of birth: .....

NHS number (if known): ..... Signature: .....

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### B. If you are filling this form on behalf of another person or child please ensure you put their details in section A and your details in section B.

Your name: ..... Your signature: .....

Relationship to patient: ..... Date: .....

If acting as a parent/carer for this child / young person, I confirm that this child is under 18.

If acting as a responsible person for this adult, I confirm that they lack capacity to understand this form and I have authority to act on their behalf.

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