



**OPT-OUT FORM**

**Request for my clinical information to be withheld**

**If you wish to OPT-OUT of the Cheshire Health Record please complete the form below for your patient record to be updated.**

**A. Please complete in BLOCK CAPITALS**

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

Forename(s).....

Address.....

.....

Postcode .....

Phone No.....

Date of birth.....

**B. If you are filling out this form on behalf of another person or a child, your GP practice 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 DO NOT share information?**

NHS healthcare 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 you safely in an emergency.

Your records will stay as they are now with information being shared by letter, email, fax or phone.

For further reference please see the website:

[www.cheshirehealthrecord.nhs.uk](http://www.cheshirehealthrecord.nhs.uk)

- Contact your local Patient Advice & Liaison Service (PALS)
- or
- Contact your GP practice

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**Practice Information –  
Opt-Out of Local Cheshire Health Record read code 93c1**