

Opt-In Form: Lincolnshire Care Record

Lincolnshire Care Record is a secure computer system that provides health and care workers with a view of selected personal information contained in different health and care systems. This could include your name, address, NHS Number, phone number, medications, allergies, test results and treatment you have received.

Only the staff involved in your care will be able to view the information and any access is recorded.

You have the right to opt-in (if previously opted-out) of sharing your personal information in the Care Record and may change your preferences at any time by informing one of the professionals involved in your care.

I want to opt in to share my personal information in Lincolnshire Care Record, so that Health and Social Care staff can better support me.

Signature: Print name		Date:
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If you have any further questions or want to discuss your choices, please contact your GP practice or telephone **01522 421888**.

For Care Record information, visit: lincolnshire.icb.nhs.uk/carerecord

If you would like confirmation the opt-in form has been received, please complete the details below indicating your preferred method of communication:

☐ E-mail ☐ SMS Text ☐ Post

Email Address: _____

SMS Text: (Mobile number) _____

Post: (BLOCK CAPITALS) _____

Full Name: _____

Address and Postcode: _____

Telephone No: _____

Date of Birth: ____/____/____ NHS Number (if known): _____

Please return this form to:

LHAC, PO Box 1375, Greetwell Road, Lincoln LN5 5RH

For Administrative Use Only

Date Received / Actioned: ____/____/____ Confirmation Sent: ____/____/____