

Integrated Doncaster Care Record (IDCR)

Request for OPT OUT

You will have an integrated digital care record if you have been treated by any of the following organisations;

- A GP practice in the Doncaster area
- Doncaster and Bassetlaw Teaching Hospitals Foundation Trust (*The Trust manages Doncaster Royal Infirmary, Bassetlaw Hospital and Montagu Hospital*)
- Rotherham, Doncaster and Sheffield Foundation Trust (RDaSH) (*The Trust manages Tickhill Road Hospital and many community based services*)
- Adult Social Care services provided by Doncaster Metropolitan Borough Council
- Fylde Coast Medical Services (*FCMS manages the Doncaster Same Day Health centre and other urgent care services*)

PLEASE READ THE FOLLOWING CAREFULLY

What does it mean if you OPT OUT of the Integrated Doncaster Care Record?

Health and social care professionals caring for you may not have access to important information which could help them to treat you safely and effectively, information such as;

- Your current medications and any allergies / adverse reactions to medications you may have
- Your current conditions and / or diagnoses, which could lead to a delay or missed opportunity for correct treatment.
- Any social care package you may have in place

Your information will still be shared by letter, email, fax or phone, where appropriate, by those providing care to you. The IDCR will contain this up-to-date information, and it can be accessed by health and social care professionals with your consent.

If you opt out your information will continue to be held 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 Integrated Doncaster Care Record.

If you DO NOT want your integrated Doncaster Care Record to be accessible please complete this form and return to;



iDCR co-ordinator, NHS Doncaster CCG, Sovereign House, Heavens Walk, Doncaster, DN4 5HZ.



donccg.idcr@nhs.net

Or use the pre-paid envelope provided with this form. (If you would like pre- paid envelope or any further information please ring the IDCR co-ordinator on 01302 566050 or email donccg.idcr@nhs.net.

The opt out form is also available online at www.doncasterccg.nhs.uk/idcr/optout/

Your request to opt out of the integrated Doncaster Care Record will be processed within 10 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.

If you do not receive confirmation within 10 working days, please contact the IDCR coordinator on 01302 566020.

PRIVATE & CONFIDENTIAL

REQUEST FORM FOR OPT OUT OF IDCR

If you **DO NOT** want your integrated Doncaster Care Record to be accessible please fill out this form and post it to:

***IDCR Co-ordinator, NHS Doncaster CCG,
Sovereign House, Heavens Walk, Doncaster, DN4 5HZ.
or
scan it and email it to: donccg.idcr@nhs.net***

Please note: forms sent anywhere other than this address will not be actioned.

A. Please complete in BLOCK CAPITALS

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

Forename(s):

Address:

.....Postcode:

Date of birth: NHS number:

GP and Practice name:

Please tick if you wish to opt out of the integrated Doncaster Care Record.

Nb. If you do choose to opt out you will be able to opt back in later if you change your mind. Details on how to do this are available on the CCG website or from the iDCR Co-ordinator.

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Signature. Date.

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:

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.
- I understand that there may be circumstances where it is necessary to make further checks in order to ensure the correct information is provided when someone is acting on behalf of a patient.

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Signature. Date