



# Sharing your information to improve care

## *Your choice*

If you do not wish for your information to be shared via the Whole Systems Integrated Care tools, you can complete the below form and return it to your GP.

If you are happy to share your information

- Information about you is shared with health and care professionals providing care to you.
- Information (without your personal details) is shared anonymously with health and social care organisations to plan local services and improve care for everyone.

If you **do not want to share**, please complete the form below.

Please complete in **BLOCK CAPITALS**

Title:	
Surname/Family Name:	
Forename:	
Address:	
Postcode:	

<http://integration.healthiorthwestlondon.nhs.uk>



Phone number:

Date of birth (DOB):

NHS Number


If you are filling this form out on behalf of someone else, please provide your details below (please use BLOCK CAPITALS)

Title:

Surname/Family Name:

Forename:

Address:

Postcode:

Your relationship to the  
named person:

Date:

Signature:


### SystemOne

XaNwT – Declined consent to share patient data with 3rd party

XaNwR - MDG Working - Consent given to share patient data with specified 3rd party

### EMIS

9NdH – Declined consent to share patient data with specified 3rd party

9Nd7 - Consent for electronic record sharing

<http://integration.healthiernorthwestlondon.nhs.uk>