

Your Primary Care Record

Your GP aims to provide you with the highest quality healthcare. To do this, an electronic **Primary Care Record** has been created that contains your medical information. Your record is stored in a secure location and can only be accessed by your GP surgery (your doctor). If you visit the GP Out of Hours Service or another GP surgery, you will be asked for permission before your medical record is accessed.

You have the right to opt-out and stop all or part of your medical history being shared with other GPs. However you must be aware that choosing this option might result in you not receiving the best possible care. For example, healthcare professionals won't know about any allergies you have to medications or what your current medical problems are and how these are being treated by your GP.

Electing to opt-out means:

- Your Primary Care Record will only be seen by your GP surgery.
- Your GP may want to discuss the implications of your decision at your next appointment
- If you choose not to share sensitive medical details, your Primary Care Record will not be shared until you discuss the details of your request with your GP (please note that if you choose to book an appointment with your GP exclusively to discuss this, you may be charged).

Should you wish to restrict the sharing of your medical records, please complete this form and return it to your GP Surgery. If you have any questions, please discuss it with your GP.

A: Patient Information: (please complete in BLOCK CAPITALS)			
Title:	Mr / Mrs / Miss / Ms /	Surname:	
Forename(s):		Date of Birth:	
Home Address & Post-Code:		Telephone Number:	
		JY Number (if known):	
Your GP Surgery:		Your GP Name:	
B: If you are completing this form on behalf of another person or a child, their GP practice will consider this request. Please fill out their details in section A and your details in section B then fill out section C with your signature.			
Your Name:		Relationship to Patient:	
C: Sharing Request and Signature. Please <input checked="" type="checkbox"/> your request			
<input type="checkbox"/>	Only share my medical record with my surgery (Opt-Out)		
<input type="checkbox"/>	Restrict the sharing of sensitive medical information in my Primary Care Record		
<input type="checkbox"/>	Allow my medical records to be shared with other health professionals (Opt-In)		
If you have opted to request that only sensitive medical information should be withheld, you can provide details here:			
Signed:		Dated:	

This form will be processed by your surgery to ensure your medical records are not shared with any other organisation. For more information; visit www.gov.je/YourGPrecords or www.primarycarebody.com

FOR SURGERY USE ONLY	CONFIDENTIAL
Actioned By Practice: YES/NO	Date: