

Having read the information regarding the Integrated Care Record and your Practice Privacy Notice you will be in a position to make an informed decision as to whether you wish to object to having an Integrated Care Record in BSW.

To do so please complete the below and email, or print and post/hand in directly to your practice

I would not like a B&NES, Swindon & Wiltshire Integrated Care Record

Refused consent for upload to local shared electronic record

Name of Patient:

.....

Address:

.....
.....

Postcode: Date of Birth:

NHS Number:

.....

Signature:

Date:

If you are filling out this form on behalf of another person, please ensure that you fill out their details above; you sign the form above and provide your details below:

Name:

.....

Please circle one: Parent Legal Guardian
Lasting power of attorney for health and welfare

To the practice:

Please record the relevant code below to remove the patient from the Integrated Care Record:

93C1. – Refused consent for upload to local shared electronic record

XaKRw – Refused consent for upload to local shared electronic record.

I6409005 – Refused consent for upload to local shared electronic record (finding).



