



### Opt-Out Form: Lincolnshire Care Portal

The Care Portal 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-out of sharing your personal information in the Care Portal and may change your preferences at any time by informing one of the professionals involved in your care.

**I want to opt out of sharing my personal information in the Care Portal and understand that staff cannot override my decision even in a medical emergency.**

<b>Signature:</b> (Print Name)		<b>Date:</b>	
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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.

Information on the Care Portal can be found at [www.lincolnshire.nhs.uk/care-portal](http://www.lincolnshire.nhs.uk/care-portal)

If you would like confirmation the opt-out 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 1297**  
**Greetwell Road**  
**Lincoln. LN5 5RH**

<b><u>For Administrative Use Only</u></b>	
<b>Date Received / Actioned:</b> ____ / ____ / ____	<b>Confirmation Sent:</b> ____ / ____ / ____