



Clinical Commissioning Group

Sutton Integrated Digital Care Record opt-in form:

Request for your clinical information to be shared with the Sutton Integrated Digital Care Record

This form is for those patients to opt **BACK IN** if they:

- previously opted-out from the national Summary Care Record (SCR), and have therefore been opted-out of the Sutton Integrated Digital Care Record, but wish to be included in the Sutton Integrated Digital Care Record scheme (this will not affect your decision to opt out of the national SCR); or
- originally opted-out from the local Sutton Integrated Digital Care Record scheme but now wish to opt back in.

If you DO want a Sutton Integrated Digital Care Record then please fill in the form and send it to your GP practice.

A: Please complete in BLOCK CAPITALS

Title

First name.....

Last name.....

Home address.....

Date of Birth.....

Doctors name (if known).....

Doctors surgery address.....

NHS Number (if known).....

B: If you are filling out this form on behalf of another person or child, their GP practice will consider this request. Please ensure you fill out their details in section A and your details in section B

Your name.....

Your signature.....

Relationship to patient.....

Date

PLEASE NOTE:	This is a local project and you will only be included in the Sutton Integrated Digital Care Record if your GP Practice is located within NHS Sutton.
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In order to ensure only you can opt your records back in, proof of identification is required.

Please enclose a **PHOTOCOPY** of **ONE** or **MORE** of the following showing your:

- First name
- Last name
- Address
- Date of birth.

Examples of acceptable documents are:

Current UK driving licence	Personal ID	Address ID
	Current signed passport	Recent utility bill (Within the last 3 Months)
	ID Card	Local Authority Council Tax Bill
	Birth certificate	Bank/Building Society Statement of personal account

If this information is not provided we cannot process this application any further.

3. Declaration: To be completed by the applicant.

I certify that the information given on this application form is true. I understand that it is necessary for the Sutton Care Passport to confirm my identity, and that it may be necessary to make further checks in order to ensure the correct information is provided.

.....
Signature

.....
Date

For NHS use

GP Practice to READ Code "93C0- Consent given for upload to local shared electronic record"
onto the Patients GP Medical Record

Actioned by GP: Yes / No

Date.....