

Request for my information to be withheld from the Camden Integrated Digital Record (CIDR)

## CIDR Opt-Out Form

The attached form has been developed to support your individual wishes in regards to the overall CIDR Program and the use of your information.

### What is an integrated digital record?

The CIDR system currently includes health and social care data from these different sources:

- Camden GPs
- University College London Hospitals (UCLH)
- Royal Free Hospital NHS Foundation Trust (RFH)
- Central and North West London NHS Foundation Trust (CNWL)
- Camden and Islington Foundation Trust (C&I)
- Coordinate My Care (CMC) (part of the Royal Marsden NHS Foundation Trust)
- London Borough of Camden (LBC)

### What are the benefits of having an integrated digital record?

There are a number of benefits to linking up health and social care information into an integrated digital record. These include:

- Health and social care professionals being able to access the information required to provide optimal care for you.
- Potential safety benefits, as health and social care professionals will be more aware of important information such as what prescription medications you are taking etc.
- You will not have to repeat information about yourself to multiple different care professionals, improving your care experience.

The data held in CIDR will **NEVER** be shared with 3rd party organisations and social care information will not form part of your CIDR record unless you give explicit consent to Social Services.

For further information please visit: [cidrportal.camdenccg.nhs.uk](http://cidrportal.camdenccg.nhs.uk)

### What does it mean if I DO NOT have a CIDR record?

Dissenting to a CIDR record will not prevent you from receiving care from your GP and the NHS and your records will stay as they are now. If you have any questions, please discuss with your GP or other health professional or for further information about CIDR visit: [cidrportal.camdenccg.nhs.uk](http://cidrportal.camdenccg.nhs.uk)

If you **DO NOT** want a CIDR Record or to share the information with specific organisations, please fill out the details overleaf and hand it into the reception who will action your request.

Please complete **ALL** sections in Part A and Part B.

## Part A: Personal Details

Please complete in BLOCK CAPITALS for the relevant Service User / Patient.

Title:	<input type="text"/>	NHS Number:	<input type="text"/>
Forename:	<input type="text"/>		
Surname:	<input type="text"/>		
Address:	<input type="text"/>		
Postcode:	<input type="text"/>	Date of Birth:	<input type="text"/>

## Part B: Opt-Out of CIDR

(Please tick)

**I do not consent to have a CIDR record created.**

I confirm that I understand the impact of this request.

Signed:	<input type="text"/>	Date:	<input type="text"/>
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**PLEASE HAND BACK TO THE RECEPTIONIST ON COMPLETION**