

Devon and Cornwall Care Record Objection Form

Please note that this objection applies only to data being shared via the Devon and Cornwall Care Record for use in Direct Care.

This form can also be used if you are objecting on behalf of someone else, for example as a person with parental responsibility or a health and welfare power of attorney.

An objection request can also be submitted by completing the Devon and Cornwall Care Record Object Form available online:

<https://devonandcornwallcarerecord.nhs.uk/data-security-and-privacy/>

Within the enclosed form, all fields marked with an asterisk are mandatory, if these remain blank, your request may be delayed. Completed forms should be posted to the following address:

**Cornwall IT Services
DCCR Support Team
Trecarrel
Drump Road
Redruth
TR15 1LU**

In order to verify your identity and confirm that there are no compelling legitimate grounds to override your right to object (e.g capacity considerations, significant clinical impacts) we will contact your GP who has a legitimate relationship with you.

We will notify you of the outcome once the process has been completed. This should take no more than one calendar month after verification of your identity and receipt of the completed objection form, as required under Article 21 of the UK General Data Protection Regulation.

Before completing this form, please ensure to read the following information to enable you to make an informed decision about objecting:

The Devon and Cornwall Care Record allows health and care staff to see a more complete picture of your medical history. It includes vital information such as allergies, medication, test results, and any interventions you may be receiving, or have had in the past.

When staff are more informed, it helps them to make the right decisions quickly, providing better and safer care. This is especially important during emergency situations or out of normal working hours. Only staff involved in your care, and who have a legitimate reason are allowed to view your records.

If you have concerns about your data being shared in this way, you can raise an objection. The best way to do this is by contacting the staff who are providing your care, but if you're not sure which organisations provide your care, you can raise an objection directly with the Devon and Care Record using the form enclosed.

However, if you do register an objection, you should understand that it could negatively impact the care you receive. If health and care staff are unable to access your medical record:

- It might mean that tests or investigations are repeated because results from other organisations can't be accessed.
- You may need to repeat the same information to different staff.
- The staff treating you won't be able to see what has happened to you in different parts of the NHS. They will only be able to see the record in their organisation such as that particular hospital or GP practice.
- They might not know what medication you're taking.
- It may delay treatment.
- It will not stop health and care staff contacting one another to ask questions about your history.
- You may not be conscious or able to share details about your medical history if you arrive at hospital.

You should also be aware that if you choose to object, you are only objecting to electronic sharing of your medical record through the Devon and Cornwall Care Record. Other information sharing projects – such as the Summary Care Record – are operated and managed separately, so you need to object to each programme individually.

If you are aged 16 or above, we will process your request by carrying out our normal checks on the details you have given us. If you are under 16, we will consider your right to object if the form has been completed by somebody acting on your behalf such as a parent or guardian. If it has not, we will ask a recognised health or care professional if they consider you to be competent to make such a decision.

We will respect your choice and restrict access to your, or the person you are acting on behalf of, health and social care information by professionals in our partner

organisations where you've made use of the right to object unless this will impact the clinical safety of either yourself, or any other person.

To carry out your wishes we will need to keep some information such as your name, date of birth and NHS number. This will ensure all partner organisations know about your decision to object so you don't have to notify all the different organisations across Devon and Cornwall who might be involved in your care.

1. Details of Person Completing Form

Please provide the following details in case we need to contact you

1. Your First Name *

2. Your Surname *

3. Your Email Address *

Please ensure you have provided an email address or telephone number so we can contact you if required.

4. Your Telephone Number *

Please ensure you have provided an email address or telephone number so we can contact you if required.

2. Details of Person Objecting

If you are the person objecting, please enter **your** details. If you are objecting on behalf of another person, please enter **their** details.

5. Date of Birth *

Please write in date format: dd/mm/yyyy.

6. NHS Number *

7. House Number *

8. Street *

9. Town/City *

10. Postcode *

11. GP Details

If you are not currently registered with a GP, we will contact you on your details below to discuss verification of your request.

12. Are you completing the form on behalf of someone else?*

For example as a person with parental responsibility or health and welfare power of attorney.

Yes – Please complete section 3

No – Please complete section 4

3. Additional Details of Person Objecting

Only to be completed if you are acting on behalf of a person who wants to object or are signing on behalf of someone under 16 for whom you have parental responsibility. If this doesn't apply to you, please move onto the next section.

13. First name of Person Objecting *

For example, your child's first name

14. Surname of Person Objecting *

For example, your child's surname

15. Your relationship to the person who wishes to object *

16. I confirm that I have authority to act for the person who wants to object / I have parental responsibility for the person who wants to object *

Confirm

17. I understand there may be circumstances that mean further checks are needed to ensure correct information is provided when someone is acting for another, or signing on behalf of someone for whom they have parental responsibility *

Confirm

4. Mandatory Questions

18. I have read and understood the information regarding the purpose of the Devon and Cornwall Care Record *

This information is documented at the beginning of this document within the grey text box.

Confirm

19. I understand that objecting could mean that vital information about me or the person I am making the request on behalf of, may not be available in the event that I require health or social care support. For example, a visit to the Emergency Department *

Confirm

20. I acknowledge it is an offence to complete this request and falsely represent myself as having the authority to make such a request on behalf of the person detailed above *

Confirm