



'My record is **available to share...**'



## What is the **Dorset Care Record (DCR)?**

Currently, hospitals, social services and GP practices in Dorset hold information about you on various computer systems. Sometimes this information may be duplicated. The Dorset Care Record (DCR) is a confidential electronic record that will join up these systems to create a more complete and up-to-date health record about you.

This is especially important if you have a significant medical history or complex needs.

### How will we use **your information?**

Health and Social Care (H&SC) professionals who work with you to provide your care already keep records about the treatment and support you receive. Having this information available in one record will help H&SC professionals to work together more effectively to ensure you receive the best quality care possible.

All personal information within the DCR is used in accordance with data protection legislation. Our full Privacy Notice can be viewed on the front page of the DCR website.

[www.dorsetforyou.com/dorset-care-record](http://www.dorsetforyou.com/dorset-care-record)

## What does this mean **for me?**

Everyone will have their own record in the DCR containing information about their personal health and care needs. However, only minimal data such as name, NHS number, gender and date of birth will be visible to H&SC professionals. The rest of the record will be sealed (not accessible) until you decide to give consent to share your record.

While we expect most people to share information to help H&SC professionals to improve the quality of care provided to you, there may be times when you wish to decline to give consent or Opt Out.

Opting Out means your record will be hidden and will not be accessible to any H&SC professional at any time, even in a medical emergency.

## What are **my choices?**

Within the DCR, you can choose to:-

- Give your consent
- Decline your consent
- Opt Out of the system

'My information is available **throughout Dorset...**'



## How do I **give my consent**?

When you have an appointment with someone involved in your care you will be asked if you are happy to give consent to view your record.

If you are happy to share your information with H&SC professionals who work with you to provide your care in the DCR and wish to give consent, you can choose to:

- Give any H&SC professional access for an unlimited time period, meaning you won't have to give consent again
- Give any H&SC professional access for a specific time, meaning it will be sealed again when the time period ends
- Give the H&SC professional dealing with your care access for this occasion only (24 hours). You will be asked for consent again the next time you are seen by them or another H&SC professional.

Even if you give your consent, only H&SC professionals that are providing your care will view your information and all activity will be recorded. You have a legal right to see your personal information and to know who has looked at it. If you want to do this, you will need to contact the Privacy Officer.

## How do I **decline my consent**?

Simply tell the H&SC professional dealing with your care that you do not wish to give consent and your record will remain sealed. However, in an emergency or safeguarding situation, H&SC professionals will still be able to access your record to provide the best possible care.

You will continue to be asked about giving your consent each time you are seen by a H&SC professional.

You can also ask your GP not to share your GP record with the DCR if you wish.

If you have already Opted Out of the Summary Care Record or sharing beyond your GP practice, the GP information will not be available within the DCR system. You will still need to decide your consent choice for your record in the DCR which will contain other health and social care information about you.



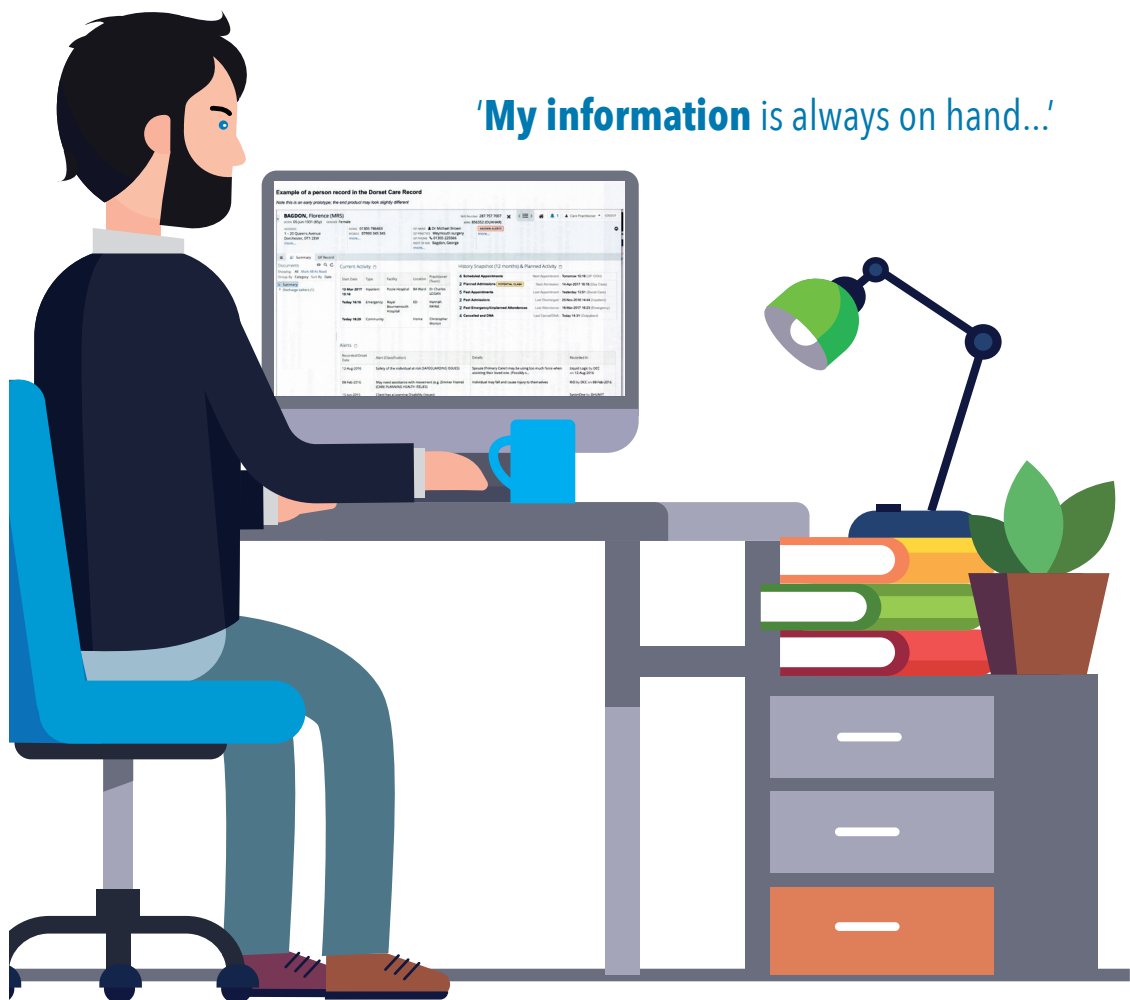
## Accessing and/or sharing your record **without consent**

There are occasions when information on your record will need to be shared, even if you have declined your consent, such as:

- A safeguarding concern or legal requirement to share your information
- A medical emergency where you are unable to give consent.

In these cases, the H&SC professional will 'break the seal' and log the reason justifying why they have viewed your information.

You have a legal right to see your personal information and to know who has looked at it. If you want to do this, please contact the Privacy Officer at the address on this leaflet.



**'My information** is always on hand...'

## How do I **Opt Out of the DCR?**

You will need to either fill in the Opt Out form on the back of this leaflet or on the website ([www.dorsetforyou.gov.uk/dorset-care-record](http://www.dorsetforyou.gov.uk/dorset-care-record)) and send to the Privacy Officer at the address on this leaflet.

Remember that your information will NOT be available through the DCR system to any H&SC professional providing your care, even in an emergency, until you change your mind.

## Special **circumstances**

If you have specific concerns about your privacy, you can discuss this with the Privacy Officer, who may then suggest applying further restrictions to accessing your record.

## What happens **if I change my mind** about Consent or Opting Out?

You have the right to change your mind at any time. Speak to your H&SC professional or the Privacy Officer.

'I understand **my choices...**'



# Dorset Care Record - **Opt Out Request Form**

**I wish to Opt Out of the DCR and understand that I will not have a record in the DCR and information will not be available to any H&SC professional using the DCR system, even in a medical emergency.**

Please complete in BLOCK CAPITALS. If you are completing this form on behalf of another adult or child, please ensure you put their details in Section A and your details in Section B.

**Section A:** Complete for yourself or the person who wants to Opt Out.

Title: ..... Last name: .....

Forename(s): .....

Address: .....

.....

..... Postcode: .....

..... NHS number (if known): .....

Signature: ..... Date: .....

**Section B:** Only to be completed by the representative if acting on behalf of person who wants to Opt Out.

Your name: ..... Your signature: .....

Relationship to patient: ..... Date: .....

Contact details: .....

- If acting as a parent/carer for a child/young person, I confirm that I have parental responsibility.
- If acting as a representative for another adult, I confirm that they lack capacity to understand this form and I have authority to act on their behalf.

The DCR Privacy Officer may need to contact you to confirm you have parental responsibility or authority to act on behalf of another. You may be required to provide relevant documentation

**Please tear off this form and send to:**

DCR Privacy Officer, The Dorset Care Record Partnership,  
County Hall, Colliton Park, Dorchester, Dorset DT1 1XJ



For further information or for an electronic copy of this leaflet go to  
**[www.dorsetforyou.gov.uk/dorset-care-record](http://www.dorsetforyou.gov.uk/dorset-care-record)**

If you have an enquiry please contact  
**[dorsetcarerecord@dorsetcc.gov.uk](mailto:dorsetcarerecord@dorsetcc.gov.uk)**

Please contact our helpline  
**0345 200 0026**

You can write to us at **The Dorset Care Record Partnership**,  
County Hall, Colliton Park, Dorchester, Dorset DT1 1XJ