

## Sharing your health records using JUYI

JUYI (Joining Up Your Information) allows instant, secure access to your health and social care records for the professionals involved in your care.

Relevant information from your digital records is shared with care professionals that look after you. This gives them up-to-date information making your care safer, more efficient and centralised.

To provide the best possible care, health and social care professionals need the most up to date information about you.

### What if I don't want my information shared?

We do not recommend opting out of JUYI.

This is because care professionals will not be able to view important information about you in social care and health settings when they need it, for safe and effective care.

However, you can object to sharing your information electronically using JUYI by **returning the form overleaf to your GP Practice. Your GP Practice is responsible for managing your objection to sharing your data in JUYI.**

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.

## The local shared care record (JUJI) Objection Form

*Please tick this box*

<b>I do not want</b> my information shared through JUJI	<input type="checkbox"/>
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<i>Patient details</i> (please write in CAPITAL LETTERS)			
<b>Title:</b>		<b>Forenames:</b>	
<b>Surname / Family name:</b>			
<b>Address:</b>			
<b>Phone number(s):</b>			
<b>Date of birth:</b>		<b>NHS number (if known):</b>	

<i>If the person signing below is not the patient, please also enter the signatory's name and relationship to the patient, e.g. PARENT, GUARDIAN, POWER OF ATTORNEY</i>			
<b>Full name:</b>		<b>Status:</b>	
<b>Signature:</b>		<b>Date:</b>	

Please return the completed form to your GP Surgery