

# CARE.DATA PATIENT DATA SHARING OPT-OUT FORM

If you have read the information and leaflets on data sharing in the NHS AND you want to opt out from any aspect of the data sharing, please complete this form and hand it in to the surgery reception

We will then code your records appropriately so your data is not shared.

## **PATIENT DETAILS**

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

## **IF YOU ARE SIGNING ON BEHALF OF A CHILD UNDER 16 YEARS OF AGE PLEASE COMPLETE THE SECTION BELOW**

Your name: \_\_\_\_\_

Relationship to the patient named above: \_\_\_\_\_

Your signature: \_\_\_\_\_

## **GP EXTRACTION SERVICE CARE.DATA**

If you wish to opt-out of sharing of your patient identifiable data with the Health and social care information centre (HSCIC), please tick the relevant boxes below:

**Please tick as appropriate:**

<input type="checkbox"/>	I do not want personal confidential data (information that identifies me) to be shared out of my GP practice with the HSCIC
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<input type="checkbox"/>	I want the use of personal confidential data held by other places I receive care, such as hospitals and community services to be restricted in its use and prevented from leaving the HSCIC (will include GP Practice data if you haven't ticked the box above)
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