

CARE DATA OPT OUT FORM

This opt out form should be completed after reading the GDPR information.

I confirm I have read the GDPR information on the practice website that explains how the Health & Social Care Information Centre (HSCIC) will use anonymised and personal information to improve health services and wish to opt out as detailed below :

FULL NAME	
Date of Birth	
Address & Postcode	
Telephone Number	
I wish to opt out of my data being extracted from the surgery (read code 9Nu0)	
I wish to opt out of my data leaving the HSCIC* and going to other organisations (read code 9Nu4) *HSCIC is the Health & Social Care Information Centre where medical information will be stored	
Signature	
Date	

If you are acting on behalf of a child who is under 16 or a patient for whom you hold lasting Power of Attorney, please complete the details below.

FULL NAME	
Relationship to patient detailed above	
Date of Birth	
Address & Postcode	
Telephone Number	
Signature	
Date	