

Great North Care Record: Opt-out form

Name	
Address	
Date of birth	
NHS number (if known)	
Signature	

	Please tick
I DO NOT give consent for my medical record to be shared	
I consent for my medical record to be shared	

Please complete and return to your practice. **You only need to do this if you wish to opt out of sharing your record in this scheme.**

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Form to be returned to IT Department