**NHS Care Data opt out form**

**Please read the leaflet regarding how your personal data will be used carefully. Please complete the form below and indicate which part of the care.data extraction process you wish to opt out of. If you wish to cancel this at any time in the future please let reception know.**

|  |  |  |
| --- | --- | --- |
| **Option 1** | Please tick the box opposite if:  If you do not wish your information to be extracted then you **MUST** inform your GP. The surgery will block the uploading of your identifiable and personal information to the HSCIC. |  |
|  |
|  |
|  |  |  |
| **Option 2** | Please tick the box opposite:  If you are happy for your information to be extracted and used by the HSCIC for annonomised reports but **NOT** shared by the HSCIC with other agencies or companies in identifiable format. The surgery will code your record which will alert the HSCIC not to use your information in this way. |  |
|  |
|  |

**Section A**

**Please complete in BLOCK CAPITALS**

|  |  |
| --- | --- |
| Title |  |
| Surname/  family name |  |
| Forename(s) |  |
| Address |  |
| Date of Birth |  |
| Signature |  |

If you are completing this form on behalf of another person or a child, the GP practice will consider this request. Please ensure you fill out their details in section A and your details in section B

**Section B**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Your Name |  | | | |
| Your signature |  | | | |
| Relationship to patient | |  | Date |  |
|  |  |  |  |  |

Please hand this form back to reception and your records will be coded accordingly.

Surgery use only: Patient recorded coded (date)…………………………..