

care.data Programme Opt-Out Form

Request for personal confidential data to be withheld from the HSCIC care.data upload.

Title	
Forename(s)	
Surname	
Address	
Phone No.	
Date of Birth	
NHS Number	
Patient's Signature	
Date	

If you are filling this form out on behalf of a child please also complete the section below:

Your name	
Your signature	
Relationship to Patient	
Date	

Please tick as appropriate (you can opt out of both or individual components):

I do not want my personal confidential data to leave the GP Practice	
I do not want my personal confidential data to leave the Health and Social Care Information Centre (HSCIC)	

Please return to the Admin Team at Birtley Medical Group

<i>For Practice Use Only:</i>			
9Nu0	YES / NO	9Nu4	YES / NO
Date:		Initials:	