

# 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 :

|  |  |  |
|--|--|--|
| <b>FULL NAME</b>   |  |  |
| <b>Date of Birth</b>   |  |  |
| <b>Address &amp; Postcode</b>  |  |  |
| <b>Telephone Number</b>  |  |  |
| 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 |  |  |
| <b>Signature</b>   |  |  |
| <b>Date</b>  |  |  |

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.

|   |  |  |
|---|--|--|
| <b>FULL NAME</b>                              |  |  |
| <b>Relationship to patient detailed above</b> |  |  |
| <b>Date of Birth</b>                          |  |  |
| <b>Address &amp; Postcode</b>                 |  |  |
| <b>Telephone Number</b>                       |  |  |
| <b>Signature</b>                              |  |  |
| <b>Date</b>                                   |  |  |