

Care.Data



OPT-OUT Form

Request for my clinical information to be withheld from the care.data extraction.

If you do not want your personal confidential data (PCD) to be disclosed please fill out this form and hand it back to reception.

Name: _____

Address: _____

Phone number: _____ Date of Birth: _____

Signature: _____ Date: _____

If you are not the patient please let us know your relationship

Relationship to patient: _____

Note: If you wish to opt back in-to the download to care.data then please let us know.

Code decent in patients records using 9Nu0