

CARE.DATA

CONFIDENTIAL

OPT- OUT FORM

If you **DO NOT** want information that identifies you to be shared via GPES (General Practice Extraction Service) for the use by the Health and Social Care Information Centre (HSCIC) please complete the form below. Complete and return the form to the **High Green Medical Practice**. This form will be added to your medical records. This will prevent your confidential information being used other than where necessary by law (for example if there is a public health emergency)

a. Please complete in BLOCK CAPITALS

Title..... Surname/Family Name

Forename(s)

Address

Postcode Phone No.

Date of Birth NHS Number (if known).....

Signature

b. If you are filling out this form on behalf of another person or child, the GP Practice will consider this request. Please ensure you fill out their details in section (a) and your details in section (b)

Your name Your signature

Relationship to patient Date

Please complete as applicable

I do not want my Personal Confidential Data – (PCD) that identifies me to be shared outside my GP Practice
(XaZ89) Dissent from secondary use of GP patient identifiable data

I do not want information held by the HSCIC that identifies me to be shared with other organisations.
(XaaVL) Dissent from disclosure of personal confidential data by Health and Social Care Information Centre

Return the completed form to the High Green Medical Practice reception desk – Thank you
You can also get further information from the website www.hscic.gov.uk