

CARE.DATA SERVICE

OPT-OUT FORM

A. Request for my complete patient record to be withheld from Care.Data

If you DO NOT wish your full record to be shared with the Care.Data service, please fill out the form and return to your GP practice.

Please complete in **BLOCK CAPITALS**

NAME	
ADDRESS	
DATE OF BIRTH	
SIGNATURE	
DATE	

B. Request for personal data to go to Care.Data service BUT NOT to share with other parties.

IF you DO NOT wish you data to be shared with other parties then please fill out the form and return to your GP practice.

Please complete in **BLOCK CAPITALS**

NAME	
ADDRESS	
DATE OF BIRTH	
SIGNATURE	
DATE	