**NHS England’s Care.Data – Opt-Out Form**

NHS England’s care.data system aims to provide timely, accurate information to citizens, clinicians and commissioners about the treatments and care provided by the NHS.

Please refer to the NHS England’s care.data patient information leaflet before completing this form. NHS England’s care.data patient information leaflet can be found at: (<http://www.nhs.uk/nhsengland/thenhs/records/healthrecords/pages/care-data.aspx>).

**OPT OUT FORM - Confidential**

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| **A** | Please tick this box if you do not want your GP to release any of your GP record to the Health and Social Care Information Centre for purposes of the care.data.system. (XaZ89) |  |
| **B** | Please tick this box if you do not the Health and Social Care Information Centre to disclose to any accredited third parties any information they hold on you (from any NHS source). Please note that, in general, such data would only be made available to accredited third parties in anonymised, pseudonymised or aggregated form (XaaVM) |  |
| **C** | **Please complete in BLOCK CAPITALS**  Title: \_\_\_\_\_\_\_ Surname/Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Forename: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: Date: | |
| **D** | If you are filling out this form on behalf of another person or a child, their registered GP will consider this request. Please ensure that you fill out their details in section C and your details in section D.  Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Your Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| |  | | --- | | **Date completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Entered by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Scanned to Record date \_\_\_\_\_\_\_\_\_** |   **For Practice Use Only:**  **Patient record updated with Read Code XaZ89**  **Patient record updated with Read Code XaaVM** |