



CONFIDENTIAL

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. The NHS England’s care.data patient information leaflet can be found on our website (www.wellstreetheadle.nhs.uk). Paper copies are also available from reception.

Please return completed forms to your GP practice. Forms sent anywhere other than your GP practice will not be actioned.

- 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

- Please tick this box if you **DO NOT** want 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

Please complete in BLOCK CAPITALS

Title: _____ Surname / Family Name: _____

Forename: _____ Date of Birth: _____

Address: _____

Postcode: _____ Phone No. _____

Signature: _____ Date: _____

If you are filling out this form on behalf of another person or a child, their GP Practice will consider this request. Please ensure that you fill out their details above and your details below.

Your Name _____ Your Signature: _____

Relationship to Patient: _____ Date: _____

FOR NHS USE ONLY

Actioned by practice yes/no

Date