

NHS England Care.Data Opt Out Form

Patient Details

Full Name: _____

Date of Birth: _____

Address: _____

I confirm that I do not want my confidential information being shared or used for any purpose other than providing me with care, except in exceptional circumstances.

I understand that there are times when, by law, my GP Practice may have to release information about me (for example, if there is a public health emergency).

Date: _____

Patient signature: _____

Patient printed name: _____

Please note, if you have previously opted out of having a Summary Care Record and do not want your data shared via care.data, you will need to complete this additional opt out form.

For Office Use Only

Opt out code added to patient's medical record:

Date:

Signature: