

# Care.data: Opt-Out Form

If you would like more information about the care.data programme and/or you need some assistance with making your decision please contact the national patient data sharing helpline on **0300 456 3531**

Please tick one or both options below:

- I do NOT want my personal confidential data to be released by my GP surgery for the care.data programme.
- I do NOT want my personal confidential data from hospitals and other care providers to be released by the Health & Social Care Information Centre (HSCIC) for the care.data programme.

Section A: it is important that you complete this section accurately and please use BLOCK CAPITALS

|                       |  |
|-----------------------|--|
| Title                 |  |
| Forename(s)           |  |
| Surname               |  |
| Address               |  |
| Phone No.             |  |
| Date of Birth         |  |
| NHS Number (if known) |  |
| Patient's signature   |  |
| Date                  |  |

If you are filling out this form on behalf of another person or child, their GP practice will check that you have the authority to do so. Please ensure you fill out their details in section A and your details in section B.

Section B:

|                         |  |
|-------------------------|--|
| Your name               |  |
| Relationship to patient |  |
| Your signature          |  |
| Date                    |  |

**\*\*\*Please return this completed form to your GP surgery (or the patient's registered GP surgery if you are completing this form for somebody else)\*\*\***

For GP practice use only:

|                      |  |
|----------------------|--|
| 9Nu0/XaZ89 added Y/N |  |
| 9Nu4/XaaVL added Y/N |  |
| Initials             |  |
| Date                 |  |