

Alvanley Family Practice CARE DATA Opt Out Form

Patient's Forename (required)	
Patient's Surname (required)	
Patient's Date of Birth (required)	
Email Address (required if confirmation required that records updated)	
Mobile Phone Number	

I confirm that I have read about and understand Care Data via leaflets / websites (Please tick) YES

Please tick one of the following two statements

1. I wish to OPT OUT of my personal confidential data being extracted from my GP Records. (Patient records will be coded - 9Nu0 'Dissent from secondary use of GP patient identifiable data')	YES <input type="checkbox"/>
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2. My personal confidential data may be extracted from my GP Records but it must not be shared beyond the Health & Social Care Information Centre (HSCIC). (Patient records will be coded - 9Nu4 'Dissent from disclosure of PCD by HSCIC')	YES <input type="checkbox"/>
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Are you completing this request on your own behalf? YES NO

If NO please enter your name

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Please indicate your authority to complete this request

Parent (Under 18's)	<input type="checkbox"/>
Legal Guardian (Under 18's)	<input type="checkbox"/>
Carer (With patient's express consent)	<input type="checkbox"/>
Carer (Patient unable to consent)	<input type="checkbox"/>
Spouse (With patient's express consent)	<input type="checkbox"/>
Other - Specify below	<input type="checkbox"/>

I have authority to complete the request because

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Signed Date

PRACTICE USE ONLY

Date coded 9Nu0

Date coded 9Nu4

By (Practice Staff Initials)

Date scanned to records