

The Mill Medical Practice – Care Data Opt Out Form

ONLY COMPLETE THIS FORM IF YOU WANT TO OPT OUT

If you wish to opt out completely from any data extraction you will need to sign **BOTH** options.

If you **ONLY** wish to opt out of option 2 just sign and date that section.

Please note this is **DIFFERENT** from opting out of the **SUMMARY CARE RECORD**.

Forename:	Surname:
Date Of Birth:	Contact telephone number:
Address:	
Postcode:	

PLEASE SIGN AND DATE ONE OR BOTH OF THE OPTIONS BELOW IF YOU WISH TO OPT OUT

Option 1 – (9Nu0) I wish to prevent my Personal Confidential Data leaving the GP Practice for use by the Health and Social Care Information Centre (*this data is in anonymised and pseudonymised form and used for commissioning or research purposes*).

Signature:

Date:

Option 2 – (9Nu4) I wish to prevent my Person Confidential Data leaving the Health and Social Care Information Centre for purposes other than direct care (*this data is in a pseudonymised and anonymised form and used for commissioning or research purposes*).

Signature:

Date:

ONLY COMPLETE THE FOLLOWING SECTION IF YOU ARE FILLING THIS OUT ON BEHALF OF A CHILD UNDER 16

Your full name:	Relationship to patient:
Your Signature:	Date:

Please either hand your completed form in to reception or post it to
The Mill Medical Practice, Catteshall Mill, Catteshall Road, Godalming, Surrey GU7 1JW