Care.Data Programme Opt-Out Form

Request for personal confidential data to be withheld from the HSCIC care.data upload.

Use separate form for each individual.

Title	
Surname	
Forename(s)	
Address	
Post Code	
Phone No.	
Date of Birth	
Patient's	
Signature	
Date	

Enter your details below if are filling this form on behalf of your child or you are the guardian for another person who is unable to fill the form.

Your name	
Your signature	
Relationship to patient	
Date	

You can opt out of both or individual components.

Please mark \sqrt{i} if you want to opt out

I do not want my personal confidential data to leave the GP Practice (Read v2: 9Nu0) ¹	
I do not want my personal confidential data to leave	
the Health and Social Care Information Centre	
(HSCIC) (Read v2: $9Nu4$) ²	

Please return the form or post it to:

Christina Todd Practice Manager Wearside Medical Practice Pallion Health Centre Hylton Road Sunderland SR4 7XF

For Practice Use Only

9Nu0 YES / NO	9Nu4 YES / NO
Date:	Initials:

¹'Dissent from secondary use of GP patient identifiable data' (9Nu0)

² Dissent from disclosure of personal confidential data by Health and Social Care Information Centre' (9Nu4)