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REQUEST FOR ALL INFORMATION TO BE WITHHELD FROM THE HEALTH AND SOCIAL CARE INFORMATION CENTRE

Please return this form to your GP practice

To be completed by the individual making the request or person who has parental/other rights to act on behalf of the patients. Please complete in BLOCK CAPITALS

Title	Surname	Forename
Address		
Post Code	Telephone No:	Date of Birth

I DO NOT consent to my personal details to be included in the Health & Social Care Information Centre and would be obliged if my medical records could be updated to reflect this.

Signed _____ Date _____

Relationship if signing on behalf of another person _____

Office Use

Date Received:
Coded 9Nu0 & 9Nu4 by:
Scanned by: