



CARE DATA

Opt-out Form

Patient Name

Address

.....

.....

Date of Birth

Please tick appropriate option :

I DO NOT want personal confidential data to flow to HSCIC from my GP practice
(XaZ89)

I AM content for my personal confidential data to flow from my GP to HSCIC
but DO NOT want it to be disclosed to other organisations.
(XaaVL)

Patient Signature (or carer/guardian).....

By signing this form you can be assured that your request has been actioned by York Medical Group. However, if at anytime you wish to change your mind please notify us and we will update your records.

If completing form on behalf of another person please state your relationship to patient

Date