

BROOMHILL & LODGE MOOR SURGERIES

Care.Data Programme Opt Out Form

Name _____

DOB _____

Address _____

I have read the patient information regarding the Care.Data programme and I have decided that:

Option 1 <i>(9Nu0)</i>	<p>I do not want any identifiable information about me to be shared with the Health & Social Care Information Centre.</p> <p>I understand that in the event of a national emergency this opt-out may be overridden.</p> <p>I understand that this opt-out only applies to records held by my GP practice and not to records held by hospitals or any other health services.</p>	
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Option 2 <i>(9Nu4)</i>	<p>I am happy for identifiable information about me to be shared with the Health & Social Care Information Centre for use within the NHS but I do not consent information about me being passed on to any other organisation or third party for any purpose.</p>	
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I understand that if I decide to opt out of the programme now I can change my mind at a later date and opt back in.

Signed _____ **Date** _____

For Office Use Only

<i>Option 1 (READ CODE 9Nu0)</i>	<i>Y / N</i>	<i>Date Added:</i>
<i>Option 2 (READ CODE 9Nu4)</i>	<i>Y / N</i>	<i>Date Added:</i>