

LONGSHORE SURGERIES

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www.longshoresurgeries.co.uk

Care.Data Opt Out Consent

Dear Doctor,

I am writing to give notice that I refuse consent for my identifiable information to be transferred from your Practice systems for any purpose other than my medical care. Please take whatever steps necessary to ensure my confidential personal information is not uploaded and record my dissent by whatever means possible.

This includes adding to my record either one or both of the following, (please tick:)

I do not want my personal data to go from the GP Practice to the Health Social Care Information Centre (HSCIC).

(office use only – 9Nu0)

I am happy for my data to go to the Health Social Care Information Centre (HSCIC) but I do not want it disclosed to other organisations.

(office use only -9Nu4)

I am aware of the implications of this request, understand that it will not affect the care I receive and will notify you should I change my mind. I understand that I can change my mind and opt in to either or both options at any time that I choose.*

Signature _____ Date _____

Information to help identify my records. (Please complete in BLOCK CAPITALS)

Title _____ Full Name _____

Address _____

Postcode _____

Date of Birth _____