

# Beverbrook Medical Centre

## NHS England's care.data – Opt Out Form

NHS England's care.data programme is run by the Health Social Care Information Centre (HSCIC). The care.data system will allow data from a number of places (GP Practices, hospitals and community services) to be brought together. The information along with your postcode and NHS number but not your name will be sent to a secure system where it can be linked with other health information.

Please refer to the NHS England's care.data patient information leaflet before completing this form. The NHS England's care.data patient information leaflet is available to read in our waiting rooms and can also be found on our website ([www.northlands-surgery.co.uk](http://www.northlands-surgery.co.uk)) or on the NHS Choices website ([www.nhs.uk](http://www.nhs.uk))

**You have a choice.** If you are happy to share your information under NHS England's care.data then you do not need to do anything. If you wish to prevent your information from being extracted please complete your details below and return the form to Reception.

### PLEASE USE BLOCK CAPITALS

<b>Full name</b>	
<b>Date of Birth</b>	
<b>Address including postcode</b>	

	<b>Please tick one or both options below</b>
<b>I do not want my medical practice to share any identifiable information about me with the Health &amp; Social Care Information Centre.</b> I understand that in the event of a national emergency this opt-out may be overridden. 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.	
<b>I do not want my medical practice to share any identifiable information about me being passed on to any other organisation for any purpose.</b> I understand that this opt-out will be applied to all identifiable medical information held about me by the NHS, including hospital data, other than in the event of a national emergency. I understand that in order to implement this opt-out, my NHS number will be passed to the Health & Social Care Information Centre but no other use will be made of it.	

<b>Signature</b>	<b>Date</b>
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If you are filling out this form on behalf of another person or a child the Practice will consider this request. Please ensure that you complete the details below:

Your Name: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

### FOR PRACTICE USE ONLY

1. Patient record updated with Read Code <b>XaZ89</b> "dissent from secondary use of GP patient identifiable data"
2. Patient record updated with Read Code <b>XaaVL</b> "dissent from disclosure of personal confidential data by Health and Social Care Information centre"
Signature of staff member