**ARDEN MEDICAL CENTRE**

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**Patient data opt-out form**

**Sharing your personal healthcare information (care.data)**

You have the right to prevent confidential information about you from being shared or

used for any purpose other than providing your care, except in special circumstances.

*Please note that this is a separate form to the Summary Care Record opt-out.*

*You can obtain a Summary Care Record opt-out form at reception or on our website*

**Patient Name: ..............................................................**

**Patient Date of Birth: ...................................................**

**Patient Preferred Contact Number: ............................................................................**

**I confirm I have read the leaflet regarding care.data and wish to opt out of the following:**

**1) Sharing of information held by your GP**

I ***do not want*** my healthcare information to be shared (outside my GP practice) with the HSCIC (Health & Social care Information Centre).

**Please tick here**

**2) Information held by HSCIC (Health & Social Care Information Centre).**

I ***do not want*** my healthcare information held by HSCIC from other healthcare providers (e.g. hospitals and community services) to be shared.

**Please tick here**

*This will prevent my confidential information being used other than where necessary by law (e.g. in a public health emergency)*

**Patient Signature: ............................................................................**

**Date: ......................................................................**

***Please return this form to the surgery***

**For office use only: SCAN INTO RECORDS WHEN COMPLETED**

**Date form received at practice: Actioned by:**

**Read codes added (circle codes):**

**XaZ89 - Dissent from GP PCD data leaving the practice**

**XaaVL - Dissent from PCD data gathered by any health & social care setting leaving the HSCIC**