

TWIN OAKS MEDICAL CENTRE – CARE DATA OPT-OUT FORM

This opt out form should be completed after reading the GDPR information.

I confirm I have read the GDPR information on the practice website that explains how the Health & Social Care Information Centre (HSCIC) will use anonymised and personal information to improve health services and wish to opt out as detailed below :

FULL NAME		
Date of Birth		
Address & Postcode		
Telephone Number		
I wish to opt out of my data being extracted from the surgery (read code 9Nu0)		
I wish to opt out of my data leaving the HSCIC* and going to other organisations (read code 9Nu4) *HSCIC is the Health & Social Care Information Centre where medical information will be stored		
Signature		
Date		

If you are acting on behalf of a child who is under 16 or a patient for whom you hold lasting Power of Attorney, please complete the details below.

FULL NAME		
Relationship to patient detailed above		
Date of Birth		
Address & Postcode		
Telephone Number		
Signature		
Date		

