National NHS project – CARE.DATA

I have read the information provided on your practice website and would like to take part in this project. If you want to take part – then you do not have to do anything and this will commence in the near future.

However, after reading the information on the website, although I understand this data will be annonymised, I wish to opt-out.

By completing and returning this form, I understand that you will code my clinical records as such.

Name ……………………………………. (please print)

Date of Birth …………………………….

Address ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Telephone Number

Home ……………………………………..Mobile……………………………

Signature ……………………………………………………………………….

Date ……………………………………………………………………………..

*When completed, please hand in to reception and your clinical records will be updated. Thank you*

*Crofton & Sharlston Medical Practice*