THE MISSION PRACTICE

**NHS ENGLAND *CARE.DATA* PROGRAMME**

**Health & Social Care Information Centre (HSCIC)**

**PATIENT DISSENT FROM**

Please ensure you have read the patient leaflet ‘How information about you helps us to provide better care’ before completing this form.

Please complete this form if you DO NOT wish to share confidential information in the NHS England care.data programme. Please be aware that there may be circumstances such as a public health order in which your data will still be shared as mandated by law.

**PLEASE USE BLOCK CAPITALS**

**Section A: Patient Details**

|  |  |  |
| --- | --- | --- |
| Title: | Surname/Family name: | Forename(s): |
| Date of Birth: |  |  |
| Address: | | |
| Postcode: | Phone No: | Date: |
| Signature: | | |

**Section B: Dissent**

*Please indicate your dissent by ticking the appropriate box(es) below:*

Option One:

I object to any of my Personal Confidential Data gathered by HSCIC from leaving the

HSCIC secure environment

Option Two:

I object to any extraction of my Personal Confidential Data from my GP practice for

purposes beyond direct care unless there is (a) a statutory duty to share information

(b) a court order or (c) an overriding public interested in disclosure

**Please note that your NHS number will be given to HSCIC in order for them to apply the objection**

**Section C: Carer/Legal Guardian Details**

*If you are filling out this form on behalf of another person or child please ensure that you fill out their details in Section A and your details in section B.*

Your Name: ………………………………….... Relationship to patient: ………………………………………………………..

**Section D (staff only):**

Option 1 code: 9Nu4 Option 2 code: 9Nu0 Date coded:……………………………………………..

Initials of coder please circle: JB / TD / SH / HMcF / OM / HA / FA / AM / GN / BY / FK / YO / DF /

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