

Care Data Patient Refusal

Patient Name: _____
PLEASE PRINT

Date of Birth: _____

Please complete and return to reception.

I do not wish my data to be extracted from my surgery by Health and Social Care Information Centre

If you do not object to your data going to Health and Social Care Information Centre but do not wish it to be used by anyone else - please tick below.

I do not wish my data be extracted from my surgery by Health and Social Care Information Centre to be used by anyone else.

Signed: _____

Date: _____