

NHS England's Care.Data (and SCR) – Opt-Out Form



NHS England's Care.Data system aims to provide timely, accurate information to citizens, clinicians and commissioners about the treatments and care provided by the NHS.



Please refer to the NHS England's Care.Data patient information leaflet before completing this form. The NHS England's Care.Data patient information leaflet can be found on the NHS Choices website (www.nhs.uk).

OPT-OUT FORM – Confidential

I am writing to give notice that I refuse consent for my information to be transferred from your practice systems for any purpose other than my medical care.

Please take whatever steps are necessary to ensure my confidential personal information is not uploaded, and record my dissent by adding the following codes to my record:

Care.Data

Please tick this box if you **do not** want your GP to release any of your GP record to the Health and Social Care Information Centre for purposes of the **Care.Data** system. **(9Nu0)**

Care.Data

Please tick this box if you **do not** want the Health and Social Care Information Centre to **disclose to any accredited third parties** any information they hold on you (from any NHS source). Please note that, in general, such data would only be made available to accredited third parties in anonymised, pseudonymised or aggregated form. **(9Nu4)**

Summary Care Record

In addition, please tick this box if you **do not** wish your records to be used in the creation of a **Summary Care Record (SCR) on the NHS Spine**. This is used for sharing basic medical information with other clinical users, when required, for emergency treatment. **(9Ndo)**

I am aware of the implications of this request and I understand that it will not affect the care I receive. I will notify you should I change my mind.

Please complete in BLOCK CAPITALS

Title: _____ Surname / Family Name: _____

Forename: _____ Date of Birth _____

Address: _____

Postcode: _____ Phone No: _____

Signature: _____ Date: _____

If you are filling out this form on behalf of another person or a child, their registered GP will consider this request. Please ensure that you fill out their details in section C and your details in section D.

Your Name: _____

Your Signature: _____

Relationship to Patient: _____ Date: _____

FOR PRACTICE USE ONLY:

The following Read Codes have been added to this/these patient records;

5 Read Code 9Nu0 "Dissent from secondary use of GP patient identifiable data"

5 Read Code 9Nu4 "Dissent from disclosure of personal confidential data by Health and Social Care Information Centre"

5 Read Code 9Ndo "Express dissent for Summary Care Record dataset upload"

Date completed: _____ Initials _____