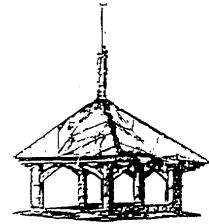


# The Market Cross Surgery

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## Patient Care.Data Information Sharing

I confirm that I have read and understood the information in relation to the Patient Care.Data.

Please tick the box as appropriate

(a)	Dissent from secondary use of GP Patient identifiable data leaving the practice – Prevent Care.Data leaving the practice	<b>I do not</b> want my records to leave the practice	<b>I do</b> want my records to leave the practice	For office use only.
(b)	Dissent from disclosure of personal, confidential data by HSCIC – prevent Care.Data leaving HSCIC	<b>I do not</b> want my records to leave HSCIC	<b>I do</b> want my records to leave the practice	For office use only

HSCIC - Health and Social Care Information Centre

Signature:..... Date:.....

Print Name:.....

Date of Birth:.....