**Opt out form**

|  |
| --- |
| Section A: It is important that you complete this section accurately  |
| Title |  |
| Forename(s) |  |
| Surname |  |
| Address |  |
| Phone Number |  |
| Date of Birth |  |
| NHS number (if known) |  |
| Patient Signature |  |
| Date |  |
| Section B: If you are filling in this form on behalf of another person or a child |
| Your Name |  |
| Relationship to patient |  |
| Your Signature |  |
| Date |  |

**Summary Care Records**

* I DO NOT wish to have a Summary Care Record created (XaXj6 surgery use only)
* I am happy to have a Summary Care Record created

**Care.Data**

* I DO NOT want my personal confidential data to be released by my GP surgery for the care.data programme (XaaVL surgery use only)
* I am happy for my personal confidential data to be released by my GP surgery for the care.data programme

**Central Care Record**

* NO I do not want a CCR (XaZ89 surgery use only)
* YES I do want a CCR