

CHURCH LANGLEY MEDICAL PRACTICE

NHS CARE DATA OPT OUT FORM

Patient Name:	
Date of Birth:	
Home Address:	
Home Telephone Number:	
Work Telephone Number:	
Mobile Number:	
Email Address:	
Declaration:	I confirm that I DO NOT wish my confidential medical information to be shared. Please add ' Dissent from secondary use of GP patient identifiable data ' (Read Code 9Nu0) and ' Dissent from disclosure of personal confidential data by Health and Social Care Information Centre ' (Read Code 9Nu4) to my records.
Signed:	
Dated:	