

OLD HALL SURGERY
CARE DATA INFORMATION

CARE.DATA OPT OUT

Name: Title Initial Last Name

Date of Birth: Date of Birth

Ref: EMIS Number

Please tick all of the boxes that apply:

I do not wish for my personal confidential data to be extracted from the GP practice.	
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I do not wish for my personal confidential data to be disclosed by the Health and Social Care Information Centre (HSCIC).	
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Name (BLOCK CAPITALS):

Signature:

Date: