

THE VILLAGE SURGERY - FORMBY

**Data Sharing Preferences – ‘Opt Out’ Form**

Please read the ‘Guide to Data Sharing’ for a full explanation of these schemes.

<b>Full Name</b>	<b>Date of birth</b>	<b>Post Code</b>

In each of the schemes listed below, your personal data will be shared unless you instruct us to specifically record on your medical record that you do not want this to happen (this is known as ‘implied consent’) . Please use the boxes below to record your directions to record your dissent to any of the listed programmes.

1. **Summary Care Record**

I **do not want** my summary care record to be uploaded to the national database (office use only: express dissent 9Nd0)

2. **Local Data Sharing**

I **do not want** my detailed medical record to be shared across organisational boundaries (office use only: 93C1)

3. **Care.data** (There are two parts to this scheme which require separate opt-out decisions)

I **do not want** my personal medical data to be extracted from my clinical record by the Health and Social Care Information Centre ( 9Nu0)

I **do not want** the HSCIC to disclose my personal data that has been gathered from my GP or any other health or social care setting. (9Nu4)

Signed :	Date:
If the named person is under 16 years of age please provide name of parent/guardian who has signed above:	
Name:	Relationship to patient:

Return signed form to Patient Data Team, The Village Surgery, 12 Elbow Lane, Formby L37 2FS

We are unable to take verbal instructions regarding data privacy.

Office Use only	<b>Coded</b>	<b>Scanned</b>
The Village Surgery: Ref DSP001 June2014		
	<b>Write your initials clearly in box.</b>	