

THE ELMS MEDICAL CENTRE

OPT OUT FROM Care.Data

Name: _____

Date of Birth: _____

Address: _____

Contact Number: _____

Email Address: _____

Please tick your preference;

If you object to Personal Confidential Data leaving the GP Practice.

If you object to Personal Confidential Data gathered from any health and social care setting From leaving the HSCIC

Any Comments: _____

Patient Signature: _____

Date: _____