

CLARENCE MEDICAL CENTRE

PATIENT INFORMATION OPT OUT FORM

If you do not want your information to be used for any purpose beyond providing your care please let us know by ticking the appropriate box below so we can code your record appropriately.

Please complete in **BLOCK CAPITALS**

Title		Surname/Family Name	
Forename(s)		Date of Birth	
Address			
Postcode		Phone Number	
Signature		Mobile Number	
If you are filling out this form on behalf of another person or child, please ensure you fill out their details in the section above and your details below.			
Your Name			
Relationship to Patient			
Your Signature		Date	

Type 1 Objection	Dissent from secondary use of general practitioner patient identifiable data, i.e. patient has opted out of their data leaving your practice for secondary users	
Type 2 Objection	Dissent from disclosure of personal confidential data by NHS Digital, i.e. patient has opted out of their identifiable data leaving NHS Digital for secondary uses	
Summary Care Record (SCR) Opt Out	Dissent from having a national shared record (SCR), i.e. patient does not want their information to be available to health professionals outside of the surgery	
My Care Record Opt Out	Dissent from patient data being accessed by health and social care professionals in Berkshire based organisations outside of the surgery	
Risk Stratification	Dissent from secondary use of general practitioner anonymised patient data, i.e. patient has opted out of their data leaving your practice for secondary uses.	

Please indicate if you withdraw your consent for any of the above by ticking in the final column. For full details please see the Privacy Notice on our website at

www.clarencemedical.co.uk