

Local Data Sharing Opt Out Form

I wish to request that other local healthcare providers are not allowed to view my medical record under local data sharing arrangements.

Please note that this opt out form does not cover the local data sharing agreement called Connecting Care – if you would like to opt out of that, please ask for the Connecting Care opt out form.

I understand that I can change my mind about this at any time, and that to do so I should complete an opt in form.

Name:

DOB:

NHS number (if known):

Signature:

Date:

Once complete, please return to Eastville Medical Practice reception.