

City Walls Medical Centre

St Martin's Way
Chester
CH1 2NR

Switchboard: (01244) 357800
Fax: (01244) 470809

OPT-OUT FORM

Request for my GP clinical information to be withheld from the Health & Social Care Information Centre (HSCIC)

I have read the NHS information leaflet "How information about you helps us to provide better care" and:

Please tick
A and/or B

A [] I wish to **opt out** of my clinical information being uploaded from my GP Practice to the HSCIC. (9Nu0)

B [] I wish to **restrict** use of my clinical information **by HSCIC** that is held by other places, such as hospitals and community services. (9Nu4)
*NB – This does **not** affect sharing of your data via your Summary Care Record for the purposes of providing you with clinical services and/or urgent medical treatment*

Title: Surname:

Forename(s):

Address:

.....

Postcode:

Tel No:

Date of Birth:

*If you are completing this form on behalf of another person or for a child, please ensure that you fill out **their** details above and **your** details in this section.*

Your **full** name:

Relationship to patient:

Date:

Your signature: