

## Cheshire Care Record: Opt Out Form

**ONLY TICK THE BOX AND RETURN THIS FORM IF YOU DO NOT WISH YOUR RECORDS  
TO BE SHARED**

I do **NOT** wish for my information to be used in the Cheshire Health Care Record

**Full Name** ..... **Date of Birth** .....

**Address** .....

..... **Postcode** .....

**Signature** ..... **Date** .....

Please return this slip to City Walls or Saughall Medical Centre. Once we receive this slip,  
no health information will be shared with Cheshire Care Record.