

Heathgate Medical Practice

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Care Information Choices

Opt Out Form

This form captures your decision to opt-out of sharing identifiable NHS data.

		Please tick one or both boxes
1	I do not wish information that identifies me to be shared outside my GP practice.	
2	I do not wish information that identifies me from <u>any NHS source</u> (including hospitals) to be shared outside NHS Digital.	

I understand that I have the option to change my mind at any time.

Name: _____

Date of Birth: _____

Signed: _____ Date _____

For Practice use:

Apply READ code as follows:

Opt out 1 – XaZ89

Opt out 2 - XaaVL