

CARE.DATA OPT OUT FORM

Name:	
Date of birth:	
Address:	
Telephone:	
Email:	
NHS No: (if known)	

I wish to opt out of the care.data data sharing.

Signed:	
Dated:	

Please return this form to:
**University Health Service
Building 48, Highfield Campus
University of Southampton
Southampton
SO17 1BJ
surgery@unidocs.co.uk
Fax: 023 8067 8170**