

Tel: 023 8055 7531
 023 8059 3539
 Fax: 023 8067 8170
 Email: surgery@unidocs.co.uk

DATA SHARING OPT OUT FORM

Full name:											
Date of birth:	<table border="1"> <tr> <td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y		
Address:											
Telephone:											
Email:											
NHS No: (if known)	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										
Opt-out:	<p>I wish to opt out of the following NHS data sharing programmes:</p> <p><input type="checkbox"/> Hampshire Health Record <input type="checkbox"/> Summary Care Record <input type="checkbox"/> Care.data</p>										
Declaration:	<p>I am fully aware of the consequences of opting out of these data sharing schemes and withdraw my consent for my data to be used within these programmes. Please code my records to prevent the sharing of data in the indicated schemes.</p>										
Signed:											
Dated:											

Please return this form to:
 Mrs Wendy Fielder, Practice Manager, University Health Service
 Building 48, University of Southampton, Southampton, SO17 1BJ