



Tudor Practice Data sharing “Opt Out” form

I confirm that I know enough about the various data extractions in place or proposed. Please block data extraction from the *patient* whose details appear below. I specify the precise areas I wish to block below:

Title of PATIENT (Mr/ Mrs etc)	
Forename and Surname of PATIENT	
Patient’s Address	
Phone No. (Mobile if possible)	
Date of Birth.	
Patient’s Signature (unless you have parental responsibility and you are signing on behalf of your child)	
Date	

If you have parental responsibility for a child, for whom you are completing this form, you should believe that the child is not competent to make his/her *own* decision. (called Gillick competence). In this case, please also complete below:

Your name (BLOCK CAPITALS)	
I do not feel the person named above, for whom I have parental responsibility, has the capacity to decide these issues him/herself. Your signature	
Your relationship to the patient	

Tick any or all of the areas detailed below that you wish to block data extraction to:

<u>Area involved</u>	<u>Tick those from which you wish to block use of your data</u>	<u>Practice use Only (Read codes V2)</u>	<u>Practice use Only: (CTV3)</u>
Extraction of your GP data for the Summary Care Record (SCR) only.		9Ndo	XaXj6
Any local Care Record data extraction from your GP record. e.g your CCG.		93C1	XaKRw
Extractions of your data from GP record for the Care.Data” scheme, all National clinical audits, and any Section 251 approved reasons.		9Nu0	XaZ89
Release/sharing of your <i>identifiable</i> data by the HSCIC, coming from any source (GP care.data, AandE, Hospitals etc) to <i>other</i> agencies. (“secondary use”)		9Nu4	XaaVL
All National Clinical Audits		9M1..	XaJrC
National Diabetes Clinical Audit		9M10.	XaJrD

PLEASE RETURN THIS FORM TO TUDOR PRACTICE RECEPTION