

**Request for personal confidential data (PCD) to be withheld from the Care.Data service**

If you DO NOT want your PCD to be extracted from your medical records by the General Practice Extraction Service (other than when required by law), please complete this form and return it to reception. Forms sent anywhere other than your GP practice will not be actioned.

A. Please complete in BLOCK CAPITALS

Title..... Surname/Family name .....

Forenames ..... Date of Birth .....

Address (with postcode).....

Phone numbers (land and mobile) .....

NHS number (if known) .....

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop my PCD leaving my GP practice (see para 15 of FAQ)
- I wish to stop my PCD leaving the HSCIC (see para 15 of FAQ)

Signature.....

(If you are filling this form out on someone else's behalf, you do not need to obtain their completion of these tick boxes or their signature, but you will need to tick and sign yourself on page 2).

**TURN TO PAGE 2 IF YOU ARE COMPLETING THIS FORM FOR SOMEONE ELSE**

**B.** If you are filling out this form on behalf of another person or child, the practice will consider your request. **Please ensure you fill out their details in section A and your details in section B.**

Please note that the guidance issued to practices is that where a child lacks competence, an individual with parental responsibility may take a decision on behalf of the child but if the child is competent, then he/she should make the decision.

In relation to adults, an individual with a Lasting Power of Attorney for health and welfare can object on behalf of a patient who lacks capacity. Requests from relatives/carers who do not have a Lasting Power of Attorney will be considered by the patient's usual doctor and will be accepted or refused based on an assessment of the patient's best interests.

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop PCD of the person named in Section A from leaving his/her GP practice (see para 15 of FAQ)
- I wish to stop PCD of the person named in Section A from leaving the HSCIC (see para 15 of FAQ)

Your name .....Your signature.....

Relationship to patient..... Date .....

**Request for personal confidential data (PCD) to be withheld from the Care.Data service**

If you DO NOT want your PCD to be extracted from your medical records by the General Practice Extraction Service (other than when required by law), please complete this form and return it to reception. Forms sent anywhere other than your GP practice will not be actioned.

A. Please complete in BLOCK CAPITALS

Title..... Surname/Family name .....

Forenames ..... Date of Birth .....

Address (with postcode).....

Phone numbers (land and mobile) .....

NHS number (if known) .....

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop my PCD leaving my GP practice (see para 15 of FAQ)
- I wish to stop my PCD leaving the HSCIC (see para 15 of FAQ)

Signature.....

(If you are filling this form out on someone else's behalf, you do not need to obtain their completion of these tick boxes or their signature, but you will need to tick and sign yourself on page 2).

**TURN TO PAGE 2 IF YOU ARE COMPLETING THIS FORM FOR SOMEONE ELSE**

**B.** If you are filling out this form on behalf of another person or child, the practice will consider your request. **Please ensure you fill out their details in section A and your details in section B.**

Please note that the guidance issued to practices is that where a child lacks competence, an individual with parental responsibility may take a decision on behalf of the child but if the child is competent, then he/she should make the decision.

In relation to adults, an individual with a Lasting Power of Attorney for health and welfare can object on behalf of a patient who lacks capacity. Requests from relatives/carers who do not have a Lasting Power of Attorney will be considered by the patient's usual doctor and will be accepted or refused based on an assessment of the patient's best interests.

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop PCD of the person named in Section A from leaving his/her GP practice (see para 15 of FAQ)
- I wish to stop PCD of the person named in Section A from leaving the HSCIC (see para 15 of FAQ)

Your name .....Your signature.....

Relationship to patient..... Date .....

**Request for personal confidential data (PCD) to be withheld from the Care.Data service**

If you DO NOT want your PCD to be extracted from your medical records by the General Practice Extraction Service (other than when required by law), please complete this form and return it to reception. Forms sent anywhere other than your GP practice will not be actioned.

A. Please complete in BLOCK CAPITALS

Title..... Surname/Family name .....

Forenames ..... Date of Birth .....

Address (with postcode).....

Phone numbers (land and mobile) .....

NHS number (if known) .....

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop my PCD leaving my GP practice (see para 15 of FAQ)
- I wish to stop my PCD leaving the HSCIC (see para 15 of FAQ)

Signature.....

(If you are filling this form out on someone else's behalf, you do not need to obtain their completion of these tick boxes or their signature, but you will need to tick and sign yourself on page 2).

**TURN TO PAGE 2 IF YOU ARE COMPLETING THIS FORM FOR SOMEONE ELSE**

**B.** If you are filling out this form on behalf of another person or child, the practice will consider your request. **Please ensure you fill out their details in section A and your details in section B.**

Please note that the guidance issued to practices is that where a child lacks competence, an individual with parental responsibility may take a decision on behalf of the child but if the child is competent, then he/she should make the decision.

In relation to adults, an individual with a Lasting Power of Attorney for health and welfare can object on behalf of a patient who lacks capacity. Requests from relatives/carers who do not have a Lasting Power of Attorney will be considered by the patient's usual doctor and will be accepted or refused based on an assessment of the patient's best interests.

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop PCD of the person named in Section A from leaving his/her GP practice (see para 15 of FAQ)
- I wish to stop PCD of the person named in Section A from leaving the HSCIC (see para 15 of FAQ)

Your name .....Your signature.....

Relationship to patient..... Date .....

**Request for personal confidential data (PCD) to be withheld from the Care.Data service**

If you DO NOT want your PCD to be extracted from your medical records by the General Practice Extraction Service (other than when required by law), please complete this form and return it to reception. Forms sent anywhere other than your GP practice will not be actioned.

**A. Please complete in BLOCK CAPITALS**

Title..... Surname/Family name .....

Forenames ..... Date of Birth .....

Address (with postcode).....

Phone numbers (land and mobile) .....

NHS number (if known) .....

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop my PCD leaving my GP practice (see para 15 of FAQ)
- I wish to stop my PCD leaving the HSCIC (see para 15 of FAQ)

Signature.....

(If you are filling this form out on someone else's behalf, you do not need to obtain their completion of these tick boxes or their signature, but you will need to tick and sign yourself on page 2).

**TURN TO PAGE 2 IF YOU ARE COMPLETING THIS FORM FOR SOMEONE ELSE**

**B.** If you are filling out this form on behalf of another person or child, the practice will consider your request. **Please ensure you fill out their details in section A and your details in section B.**

Please note that the guidance issued to practices is that where a child lacks competence, an individual with parental responsibility may take a decision on behalf of the child but if the child is competent, then he/she should make the decision.

In relation to adults, an individual with a Lasting Power of Attorney for health and welfare can object on behalf of a patient who lacks capacity. Requests from relatives/carers who do not have a Lasting Power of Attorney will be considered by the patient's usual doctor and will be accepted or refused based on an assessment of the patient's best interests.

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop PCD of the person named in Section A from leaving his/her GP practice (see para 15 of FAQ)
- I wish to stop PCD of the person named in Section A from leaving the HSCIC (see para 15 of FAQ)

Your name .....Your signature.....

Relationship to patient..... Date .....



**Request for personal confidential data (PCD) to be withheld from the Care.Data service**

If you DO NOT want your PCD to be extracted from your medical records by the General Practice Extraction Service (other than when required by law), please complete this form and return it to reception. Forms sent anywhere other than your GP practice will not be actioned.

**A. Please complete in BLOCK CAPITALS**

Title..... Surname/Family name .....

Forenames ..... Date of Birth .....

Address (with postcode).....

Phone numbers (land and mobile) .....

NHS number (if known) .....

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop my PCD leaving my GP practice (see para 15 of FAQ)
- I wish to stop my PCD leaving the HSCIC (see para 15 of FAQ)

Signature.....

(If you are filling this form out on someone else's behalf, you do not need to obtain their completion of these tick boxes or their signature, but you will need to tick and sign yourself on page 2).

**TURN TO PAGE 2 IF YOU ARE COMPLETING THIS FORM FOR SOMEONE ELSE**

**B.** If you are filling out this form on behalf of another person or child, the practice will consider your request. **Please ensure you fill out their details in section A and your details in section B.**

Please note that the guidance issued to practices is that where a child lacks competence, an individual with parental responsibility may take a decision on behalf of the child but if the child is competent, then he/she should make the decision.

In relation to adults, an individual with a Lasting Power of Attorney for health and welfare can object on behalf of a patient who lacks capacity. Requests from relatives/carers who do not have a Lasting Power of Attorney will be considered by the patient's usual doctor and will be accepted or refused based on an assessment of the patient's best interests.

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop PCD of the person named in Section A from leaving his/her GP practice (see para 15 of FAQ)
- I wish to stop PCD of the person named in Section A from leaving the HSCIC (see para 15 of FAQ)

Your name .....Your signature.....

Relationship to patient..... Date .....

**Request for personal confidential data (PCD) to be withheld from the Care.Data service**

If you DO NOT want your PCD to be extracted from your medical records by the General Practice Extraction Service (other than when required by law), please complete this form and return it to reception. Forms sent anywhere other than your GP practice will not be actioned.

A. Please complete in BLOCK CAPITALS

Title..... Surname/Family name .....

Forenames ..... Date of Birth .....

Address (with postcode).....

Phone numbers (land and mobile) .....

NHS number (if known) .....

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop my PCD leaving my GP practice (see para 15 of FAQ)
- I wish to stop my PCD leaving the HSCIC (see para 15 of FAQ)

Signature.....

(If you are filling this form out on someone else's behalf, you do not need to obtain their completion of these tick boxes or their signature, but you will need to tick and sign yourself on page 2).

**TURN TO PAGE 2 IF YOU ARE COMPLETING THIS FORM FOR SOMEONE ELSE**

**B.** If you are filling out this form on behalf of another person or child, the practice will consider your request. **Please ensure you fill out their details in section A and your details in section B.**

Please note that the guidance issued to practices is that where a child lacks competence, an individual with parental responsibility may take a decision on behalf of the child but if the child is competent, then he/she should make the decision.

In relation to adults, an individual with a Lasting Power of Attorney for health and welfare can object on behalf of a patient who lacks capacity. Requests from relatives/carers who do not have a Lasting Power of Attorney will be considered by the patient's usual doctor and will be accepted or refused based on an assessment of the patient's best interests.

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop PCD of the person named in Section A from leaving his/her GP practice (see para 15 of FAQ)
- I wish to stop PCD of the person named in Section A from leaving the HSCIC (see para 15 of FAQ)

Your name .....Your signature.....

Relationship to patient..... Date .....

**Request for personal confidential data (PCD) to be withheld from the Care.Data service**

If you DO NOT want your PCD to be extracted from your medical records by the General Practice Extraction Service (other than when required by law), please complete this form and return it to reception. Forms sent anywhere other than your GP practice will not be actioned.

**A. Please complete in BLOCK CAPITALS**

Title..... Surname/Family name .....

Forenames ..... Date of Birth .....

Address (with postcode).....

Phone numbers (land and mobile) .....

NHS number (if known) .....

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop my PCD leaving my GP practice (see para 15 of FAQ)
- I wish to stop my PCD leaving the HSCIC (see para 15 of FAQ)

Signature.....

(If you are filling this form out on someone else's behalf, you do not need to obtain their completion of these tick boxes or their signature, but you will need to tick and sign yourself on page 2).

**TURN TO PAGE 2 IF YOU ARE COMPLETING THIS FORM FOR SOMEONE ELSE**

**B.** If you are filling out this form on behalf of another person or child, the practice will consider your request. **Please ensure you fill out their details in section A and your details in section B.**

Please note that the guidance issued to practices is that where a child lacks competence, an individual with parental responsibility may take a decision on behalf of the child but if the child is competent, then he/she should make the decision.

In relation to adults, an individual with a Lasting Power of Attorney for health and welfare can object on behalf of a patient who lacks capacity. Requests from relatives/carers who do not have a Lasting Power of Attorney will be considered by the patient's usual doctor and will be accepted or refused based on an assessment of the patient's best interests.

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop PCD of the person named in Section A from leaving his/her GP practice (see para 15 of FAQ)
- I wish to stop PCD of the person named in Section A from leaving the HSCIC (see para 15 of FAQ)

Your name .....Your signature.....

Relationship to patient..... Date .....

**Request for personal confidential data (PCD) to be withheld from the Care.Data service**

If you DO NOT want your PCD to be extracted from your medical records by the General Practice Extraction Service (other than when required by law), please complete this form and return it to reception. Forms sent anywhere other than your GP practice will not be actioned.

A. Please complete in BLOCK CAPITALS

Title..... Surname/Family name .....

Forenames ..... Date of Birth .....

Address (with postcode).....

Phone numbers (land and mobile) .....

NHS number (if known) .....

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop my PCD leaving my GP practice (see para 15 of FAQ)
- I wish to stop my PCD leaving the HSCIC (see para 15 of FAQ)

Signature.....

(If you are filling this form out on someone else's behalf, you do not need to obtain their completion of these tick boxes or their signature, but you will need to tick and sign yourself on page 2).

**TURN TO PAGE 2 IF YOU ARE COMPLETING THIS FORM FOR SOMEONE ELSE**

**B.** If you are filling out this form on behalf of another person or child, the practice will consider your request. **Please ensure you fill out their details in section A and your details in section B.**

Please note that the guidance issued to practices is that where a child lacks competence, an individual with parental responsibility may take a decision on behalf of the child but if the child is competent, then he/she should make the decision.

In relation to adults, an individual with a Lasting Power of Attorney for health and welfare can object on behalf of a patient who lacks capacity. Requests from relatives/carers who do not have a Lasting Power of Attorney will be considered by the patient's usual doctor and will be accepted or refused based on an assessment of the patient's best interests.

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop PCD of the person named in Section A from leaving his/her GP practice (see para 15 of FAQ)
- I wish to stop PCD of the person named in Section A from leaving the HSCIC (see para 15 of FAQ)

Your name .....Your signature.....

Relationship to patient..... Date .....



**Request for personal confidential data (PCD) to be withheld from the Care.Data service**

If you DO NOT want your PCD to be extracted from your medical records by the General Practice Extraction Service (other than when required by law), please complete this form and return it to reception. Forms sent anywhere other than your GP practice will not be actioned.

A. Please complete in BLOCK CAPITALS

Title..... Surname/Family name .....

Forenames ..... Date of Birth .....

Address (with postcode).....

Phone numbers (land and mobile) .....

NHS number (if known) .....

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop my PCD leaving my GP practice (see para 15 of FAQ)
- I wish to stop my PCD leaving the HSCIC (see para 15 of FAQ)

Signature.....

(If you are filling this form out on someone else's behalf, you do not need to obtain their completion of these tick boxes or their signature, but you will need to tick and sign yourself on page 2).

**TURN TO PAGE 2 IF YOU ARE COMPLETING THIS FORM FOR SOMEONE ELSE**

**B.** If you are filling out this form on behalf of another person or child, the practice will consider your request. **Please ensure you fill out their details in section A and your details in section B.**

Please note that the guidance issued to practices is that where a child lacks competence, an individual with parental responsibility may take a decision on behalf of the child but if the child is competent, then he/she should make the decision.

In relation to adults, an individual with a Lasting Power of Attorney for health and welfare can object on behalf of a patient who lacks capacity. Requests from relatives/carers who do not have a Lasting Power of Attorney will be considered by the patient's usual doctor and will be accepted or refused based on an assessment of the patient's best interests.

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop PCD of the person named in Section A from leaving his/her GP practice (see para 15 of FAQ)
- I wish to stop PCD of the person named in Section A from leaving the HSCIC (see para 15 of FAQ)

Your name .....Your signature.....

Relationship to patient..... Date .....

**Request for personal confidential data (PCD) to be withheld from the Care.Data service**

If you DO NOT want your PCD to be extracted from your medical records by the General Practice Extraction Service (other than when required by law), please complete this form and return it to reception. Forms sent anywhere other than your GP practice will not be actioned.

A. Please complete in BLOCK CAPITALS

Title..... Surname/Family name .....

Forenames ..... Date of Birth .....

Address (with postcode).....

Phone numbers (land and mobile) .....

NHS number (if known) .....

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop my PCD leaving my GP practice (see para 15 of FAQ)
- I wish to stop my PCD leaving the HSCIC (see para 15 of FAQ)

Signature.....

(If you are filling this form out on someone else's behalf, you do not need to obtain their completion of these tick boxes or their signature, but you will need to tick and sign yourself on page 2).

**TURN TO PAGE 2 IF YOU ARE COMPLETING THIS FORM FOR SOMEONE ELSE**

**B.** If you are filling out this form on behalf of another person or child, the practice will consider your request. **Please ensure you fill out their details in section A and your details in section B.**

Please note that the guidance issued to practices is that where a child lacks competence, an individual with parental responsibility may take a decision on behalf of the child but if the child is competent, then he/she should make the decision.

In relation to adults, an individual with a Lasting Power of Attorney for health and welfare can object on behalf of a patient who lacks capacity. Requests from relatives/carers who do not have a Lasting Power of Attorney will be considered by the patient's usual doctor and will be accepted or refused based on an assessment of the patient's best interests.

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop PCD of the person named in Section A from leaving his/her GP practice (see para 15 of FAQ)
- I wish to stop PCD of the person named in Section A from leaving the HSCIC (see para 15 of FAQ)

Your name .....Your signature.....

Relationship to patient..... Date .....

**Request for personal confidential data (PCD) to be withheld from the Care.Data service**

If you DO NOT want your PCD to be extracted from your medical records by the General Practice Extraction Service (other than when required by law), please complete this form and return it to reception. Forms sent anywhere other than your GP practice will not be actioned.

A. Please complete in BLOCK CAPITALS

Title..... Surname/Family name .....

Forenames ..... Date of Birth .....

Address (with postcode).....

Phone numbers (land and mobile) .....

NHS number (if known) .....

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop my PCD leaving my GP practice (see para 15 of FAQ)
- I wish to stop my PCD leaving the HSCIC (see para 15 of FAQ)

Signature.....

(If you are filling this form out on someone else's behalf, you do not need to obtain their completion of these tick boxes or their signature, but you will need to tick and sign yourself on page 2).

**TURN TO PAGE 2 IF YOU ARE COMPLETING THIS FORM FOR SOMEONE ELSE**

**B.** If you are filling out this form on behalf of another person or child, the practice will consider your request. **Please ensure you fill out their details in section A and your details in section B.**

Please note that the guidance issued to practices is that where a child lacks competence, an individual with parental responsibility may take a decision on behalf of the child but if the child is competent, then he/she should make the decision.

In relation to adults, an individual with a Lasting Power of Attorney for health and welfare can object on behalf of a patient who lacks capacity. Requests from relatives/carers who do not have a Lasting Power of Attorney will be considered by the patient's usual doctor and will be accepted or refused based on an assessment of the patient's best interests.

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop PCD of the person named in Section A from leaving his/her GP practice (see para 15 of FAQ)
- I wish to stop PCD of the person named in Section A from leaving the HSCIC (see para 15 of FAQ)

Your name .....Your signature.....

Relationship to patient..... Date .....

**Request for personal confidential data (PCD) to be withheld from the Care.Data service**

If you DO NOT want your PCD to be extracted from your medical records by the General Practice Extraction Service (other than when required by law), please complete this form and return it to reception. Forms sent anywhere other than your GP practice will not be actioned.

A. Please complete in BLOCK CAPITALS

Title..... Surname/Family name .....

Forenames ..... Date of Birth .....

Address (with postcode).....

Phone numbers (land and mobile) .....

NHS number (if known) .....

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop my PCD leaving my GP practice (see para 15 of FAQ)
- I wish to stop my PCD leaving the HSCIC (see para 15 of FAQ)

Signature.....

(If you are filling this form out on someone else's behalf, you do not need to obtain their completion of these tick boxes or their signature, but you will need to tick and sign yourself on page 2).

**TURN TO PAGE 2 IF YOU ARE COMPLETING THIS FORM FOR SOMEONE ELSE**

**B.** If you are filling out this form on behalf of another person or child, the practice will consider your request. **Please ensure you fill out their details in section A and your details in section B.**

Please note that the guidance issued to practices is that where a child lacks competence, an individual with parental responsibility may take a decision on behalf of the child but if the child is competent, then he/she should make the decision.

In relation to adults, an individual with a Lasting Power of Attorney for health and welfare can object on behalf of a patient who lacks capacity. Requests from relatives/carers who do not have a Lasting Power of Attorney will be considered by the patient's usual doctor and will be accepted or refused based on an assessment of the patient's best interests.

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop PCD of the person named in Section A from leaving his/her GP practice (see para 15 of FAQ)
- I wish to stop PCD of the person named in Section A from leaving the HSCIC (see para 15 of FAQ)

Your name .....Your signature.....

Relationship to patient..... Date .....



**Request for personal confidential data (PCD) to be withheld from the Care.Data service**

If you DO NOT want your PCD to be extracted from your medical records by the General Practice Extraction Service (other than when required by law), please complete this form and return it to reception. Forms sent anywhere other than your GP practice will not be actioned.

**A. Please complete in BLOCK CAPITALS**

Title..... Surname/Family name .....

Forenames ..... Date of Birth .....

Address (with postcode).....

Phone numbers (land and mobile) .....

NHS number (if known) .....

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop my PCD leaving my GP practice (see para 15 of FAQ)
- I wish to stop my PCD leaving the HSCIC (see para 15 of FAQ)

Signature.....

(If you are filling this form out on someone else's behalf, you do not need to obtain their completion of these tick boxes or their signature, but you will need to tick and sign yourself on page 2).

**TURN TO PAGE 2 IF YOU ARE COMPLETING THIS FORM FOR SOMEONE ELSE**

**B.** If you are filling out this form on behalf of another person or child, the practice will consider your request. **Please ensure you fill out their details in section A and your details in section B.**

Please note that the guidance issued to practices is that where a child lacks competence, an individual with parental responsibility may take a decision on behalf of the child but if the child is competent, then he/she should make the decision.

In relation to adults, an individual with a Lasting Power of Attorney for health and welfare can object on behalf of a patient who lacks capacity. Requests from relatives/carers who do not have a Lasting Power of Attorney will be considered by the patient's usual doctor and will be accepted or refused based on an assessment of the patient's best interests.

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop PCD of the person named in Section A from leaving his/her GP practice (see para 15 of FAQ)
- I wish to stop PCD of the person named in Section A from leaving the HSCIC (see para 15 of FAQ)

Your name .....Your signature.....

Relationship to patient..... Date .....

**Request for personal confidential data (PCD) to be withheld from the Care.Data service**

If you DO NOT want your PCD to be extracted from your medical records by the General Practice Extraction Service (other than when required by law), please complete this form and return it to reception. Forms sent anywhere other than your GP practice will not be actioned.

**A. Please complete in BLOCK CAPITALS**

Title..... Surname/Family name .....

Forenames ..... Date of Birth .....

Address (with postcode).....

Phone numbers (land and mobile) .....

NHS number (if known) .....

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop my PCD leaving my GP practice (see para 15 of FAQ)
- I wish to stop my PCD leaving the HSCIC (see para 15 of FAQ)

Signature.....

(If you are filling this form out on someone else's behalf, you do not need to obtain their completion of these tick boxes or their signature, but you will need to tick and sign yourself on page 2).

**TURN TO PAGE 2 IF YOU ARE COMPLETING THIS FORM FOR SOMEONE ELSE**

**B.** If you are filling out this form on behalf of another person or child, the practice will consider your request. **Please ensure you fill out their details in section A and your details in section B.**

Please note that the guidance issued to practices is that where a child lacks competence, an individual with parental responsibility may take a decision on behalf of the child but if the child is competent, then he/she should make the decision.

In relation to adults, an individual with a Lasting Power of Attorney for health and welfare can object on behalf of a patient who lacks capacity. Requests from relatives/carers who do not have a Lasting Power of Attorney will be considered by the patient's usual doctor and will be accepted or refused based on an assessment of the patient's best interests.

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop PCD of the person named in Section A from leaving his/her GP practice (see para 15 of FAQ)
- I wish to stop PCD of the person named in Section A from leaving the HSCIC (see para 15 of FAQ)

Your name .....Your signature.....

Relationship to patient..... Date .....

**Request for personal confidential data (PCD) to be withheld from the Care.Data service**

If you DO NOT want your PCD to be extracted from your medical records by the General Practice Extraction Service (other than when required by law), please complete this form and return it to reception. Forms sent anywhere other than your GP practice will not be actioned.

A. Please complete in BLOCK CAPITALS

Title..... Surname/Family name .....

Forenames ..... Date of Birth .....

Address (with postcode).....

Phone numbers (land and mobile) .....

NHS number (if known) .....

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop my PCD leaving my GP practice (see para 15 of FAQ)
- I wish to stop my PCD leaving the HSCIC (see para 15 of FAQ)

Signature.....

(If you are filling this form out on someone else's behalf, you do not need to obtain their completion of these tick boxes or their signature, but you will need to tick and sign yourself on page 2).

**TURN TO PAGE 2 IF YOU ARE COMPLETING THIS FORM FOR SOMEONE ELSE**

**B.** If you are filling out this form on behalf of another person or child, the practice will consider your request. **Please ensure you fill out their details in section A and your details in section B.**

Please note that the guidance issued to practices is that where a child lacks competence, an individual with parental responsibility may take a decision on behalf of the child but if the child is competent, then he/she should make the decision.

In relation to adults, an individual with a Lasting Power of Attorney for health and welfare can object on behalf of a patient who lacks capacity. Requests from relatives/carers who do not have a Lasting Power of Attorney will be considered by the patient's usual doctor and will be accepted or refused based on an assessment of the patient's best interests.

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop PCD of the person named in Section A from leaving his/her GP practice (see para 15 of FAQ)
- I wish to stop PCD of the person named in Section A from leaving the HSCIC (see para 15 of FAQ)

Your name .....Your signature.....

Relationship to patient..... Date .....

**Request for personal confidential data (PCD) to be withheld from the Care.Data service**

If you DO NOT want your PCD to be extracted from your medical records by the General Practice Extraction Service (other than when required by law), please complete this form and return it to reception. Forms sent anywhere other than your GP practice will not be actioned.

**A. Please complete in BLOCK CAPITALS**

Title..... Surname/Family name .....

Forenames ..... Date of Birth .....

Address (with postcode).....

Phone numbers (land and mobile) .....

NHS number (if known) .....

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop my PCD leaving my GP practice (see para 15 of FAQ)
- I wish to stop my PCD leaving the HSCIC (see para 15 of FAQ)

Signature.....

(If you are filling this form out on someone else's behalf, you do not need to obtain their completion of these tick boxes or their signature, but you will need to tick and sign yourself on page 2).

**TURN TO PAGE 2 IF YOU ARE COMPLETING THIS FORM FOR SOMEONE ELSE**

**B.** If you are filling out this form on behalf of another person or child, the practice will consider your request. **Please ensure you fill out their details in section A and your details in section B.**

Please note that the guidance issued to practices is that where a child lacks competence, an individual with parental responsibility may take a decision on behalf of the child but if the child is competent, then he/she should make the decision.

In relation to adults, an individual with a Lasting Power of Attorney for health and welfare can object on behalf of a patient who lacks capacity. Requests from relatives/carers who do not have a Lasting Power of Attorney will be considered by the patient's usual doctor and will be accepted or refused based on an assessment of the patient's best interests.

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop PCD of the person named in Section A from leaving his/her GP practice (see para 15 of FAQ)
- I wish to stop PCD of the person named in Section A from leaving the HSCIC (see para 15 of FAQ)

Your name .....Your signature.....

Relationship to patient..... Date .....



**Request for personal confidential data (PCD) to be withheld from the Care.Data service**

If you DO NOT want your PCD to be extracted from your medical records by the General Practice Extraction Service (other than when required by law), please complete this form and return it to reception. Forms sent anywhere other than your GP practice will not be actioned.

A. Please complete in BLOCK CAPITALS

Title..... Surname/Family name .....

Forenames ..... Date of Birth .....

Address (with postcode).....

Phone numbers (land and mobile) .....

NHS number (if known) .....

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop my PCD leaving my GP practice (see para 15 of FAQ)
- I wish to stop my PCD leaving the HSCIC (see para 15 of FAQ)

Signature.....

(If you are filling this form out on someone else's behalf, you do not need to obtain their completion of these tick boxes or their signature, but you will need to tick and sign yourself on page 2).

**TURN TO PAGE 2 IF YOU ARE COMPLETING THIS FORM FOR SOMEONE ELSE**

**B.** If you are filling out this form on behalf of another person or child, the practice will consider your request. **Please ensure you fill out their details in section A and your details in section B.**

Please note that the guidance issued to practices is that where a child lacks competence, an individual with parental responsibility may take a decision on behalf of the child but if the child is competent, then he/she should make the decision.

In relation to adults, an individual with a Lasting Power of Attorney for health and welfare can object on behalf of a patient who lacks capacity. Requests from relatives/carers who do not have a Lasting Power of Attorney will be considered by the patient's usual doctor and will be accepted or refused based on an assessment of the patient's best interests.

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop PCD of the person named in Section A from leaving his/her GP practice (see para 15 of FAQ)
- I wish to stop PCD of the person named in Section A from leaving the HSCIC (see para 15 of FAQ)

Your name .....Your signature.....

Relationship to patient..... Date .....

**Request for personal confidential data (PCD) to be withheld from the Care.Data service**

If you DO NOT want your PCD to be extracted from your medical records by the General Practice Extraction Service (other than when required by law), please complete this form and return it to reception. Forms sent anywhere other than your GP practice will not be actioned.

A. Please complete in BLOCK CAPITALS

Title..... Surname/Family name .....

Forenames ..... Date of Birth .....

Address (with postcode).....

Phone numbers (land and mobile) .....

NHS number (if known) .....

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop my PCD leaving my GP practice (see para 15 of FAQ)
- I wish to stop my PCD leaving the HSCIC (see para 15 of FAQ)

Signature.....

(If you are filling this form out on someone else's behalf, you do not need to obtain their completion of these tick boxes or their signature, but you will need to tick and sign yourself on page 2).

**TURN TO PAGE 2 IF YOU ARE COMPLETING THIS FORM FOR SOMEONE ELSE**

**B.** If you are filling out this form on behalf of another person or child, the practice will consider your request. **Please ensure you fill out their details in section A and your details in section B.**

Please note that the guidance issued to practices is that where a child lacks competence, an individual with parental responsibility may take a decision on behalf of the child but if the child is competent, then he/she should make the decision.

In relation to adults, an individual with a Lasting Power of Attorney for health and welfare can object on behalf of a patient who lacks capacity. Requests from relatives/carers who do not have a Lasting Power of Attorney will be considered by the patient's usual doctor and will be accepted or refused based on an assessment of the patient's best interests.

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop PCD of the person named in Section A from leaving his/her GP practice (see para 15 of FAQ)
- I wish to stop PCD of the person named in Section A from leaving the HSCIC (see para 15 of FAQ)

Your name .....Your signature.....

Relationship to patient..... Date .....

**Request for personal confidential data (PCD) to be withheld from the Care.Data service**

If you DO NOT want your PCD to be extracted from your medical records by the General Practice Extraction Service (other than when required by law), please complete this form and return it to reception. Forms sent anywhere other than your GP practice will not be actioned.

A. Please complete in BLOCK CAPITALS

Title..... Surname/Family name .....

Forenames ..... Date of Birth .....

Address (with postcode).....

Phone numbers (land and mobile) .....

NHS number (if known) .....

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop my PCD leaving my GP practice (see para 15 of FAQ)
- I wish to stop my PCD leaving the HSCIC (see para 15 of FAQ)

Signature.....

(If you are filling this form out on someone else's behalf, you do not need to obtain their completion of these tick boxes or their signature, but you will need to tick and sign yourself on page 2).

**TURN TO PAGE 2 IF YOU ARE COMPLETING THIS FORM FOR SOMEONE ELSE**

**B.** If you are filling out this form on behalf of another person or child, the practice will consider your request. **Please ensure you fill out their details in section A and your details in section B.**

Please note that the guidance issued to practices is that where a child lacks competence, an individual with parental responsibility may take a decision on behalf of the child but if the child is competent, then he/she should make the decision.

In relation to adults, an individual with a Lasting Power of Attorney for health and welfare can object on behalf of a patient who lacks capacity. Requests from relatives/carers who do not have a Lasting Power of Attorney will be considered by the patient's usual doctor and will be accepted or refused based on an assessment of the patient's best interests.

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop PCD of the person named in Section A from leaving his/her GP practice (see para 15 of FAQ)
- I wish to stop PCD of the person named in Section A from leaving the HSCIC (see para 15 of FAQ)

Your name .....Your signature.....

Relationship to patient..... Date .....

**Request for personal confidential data (PCD) to be withheld from the Care.Data service**

If you DO NOT want your PCD to be extracted from your medical records by the General Practice Extraction Service (other than when required by law), please complete this form and return it to reception. Forms sent anywhere other than your GP practice will not be actioned.

A. Please complete in BLOCK CAPITALS

Title..... Surname/Family name .....

Forenames ..... Date of Birth .....

Address (with postcode).....

Phone numbers (land and mobile) .....

NHS number (if known) .....

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop my PCD leaving my GP practice (see para 15 of FAQ)
- I wish to stop my PCD leaving the HSCIC (see para 15 of FAQ)

Signature.....

(If you are filling this form out on someone else's behalf, you do not need to obtain their completion of these tick boxes or their signature, but you will need to tick and sign yourself on page 2).

**TURN TO PAGE 2 IF YOU ARE COMPLETING THIS FORM FOR SOMEONE ELSE**

**B.** If you are filling out this form on behalf of another person or child, the practice will consider your request. **Please ensure you fill out their details in section A and your details in section B.**

Please note that the guidance issued to practices is that where a child lacks competence, an individual with parental responsibility may take a decision on behalf of the child but if the child is competent, then he/she should make the decision.

In relation to adults, an individual with a Lasting Power of Attorney for health and welfare can object on behalf of a patient who lacks capacity. Requests from relatives/carers who do not have a Lasting Power of Attorney will be considered by the patient's usual doctor and will be accepted or refused based on an assessment of the patient's best interests.

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop PCD of the person named in Section A from leaving his/her GP practice (see para 15 of FAQ)
- I wish to stop PCD of the person named in Section A from leaving the HSCIC (see para 15 of FAQ)

Your name .....Your signature.....

Relationship to patient..... Date .....



**Request for personal confidential data (PCD) to be withheld from the Care.Data service**

If you DO NOT want your PCD to be extracted from your medical records by the General Practice Extraction Service (other than when required by law), please complete this form and return it to reception. Forms sent anywhere other than your GP practice will not be actioned.

A. Please complete in BLOCK CAPITALS

Title..... Surname/Family name .....

Forenames ..... Date of Birth .....

Address (with postcode).....

Phone numbers (land and mobile) .....

NHS number (if known) .....

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop my PCD leaving my GP practice (see para 15 of FAQ)
- I wish to stop my PCD leaving the HSCIC (see para 15 of FAQ)

Signature.....

(If you are filling this form out on someone else's behalf, you do not need to obtain their completion of these tick boxes or their signature, but you will need to tick and sign yourself on page 2).

**TURN TO PAGE 2 IF YOU ARE COMPLETING THIS FORM FOR SOMEONE ELSE**

**B.** If you are filling out this form on behalf of another person or child, the practice will consider your request. **Please ensure you fill out their details in section A and your details in section B.**

Please note that the guidance issued to practices is that where a child lacks competence, an individual with parental responsibility may take a decision on behalf of the child but if the child is competent, then he/she should make the decision.

In relation to adults, an individual with a Lasting Power of Attorney for health and welfare can object on behalf of a patient who lacks capacity. Requests from relatives/carers who do not have a Lasting Power of Attorney will be considered by the patient's usual doctor and will be accepted or refused based on an assessment of the patient's best interests.

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop PCD of the person named in Section A from leaving his/her GP practice (see para 15 of FAQ)
- I wish to stop PCD of the person named in Section A from leaving the HSCIC (see para 15 of FAQ)

Your name .....Your signature.....

Relationship to patient..... Date .....

**Request for personal confidential data (PCD) to be withheld from the Care.Data service**

If you DO NOT want your PCD to be extracted from your medical records by the General Practice Extraction Service (other than when required by law), please complete this form and return it to reception. Forms sent anywhere other than your GP practice will not be actioned.

A. Please complete in BLOCK CAPITALS

Title..... Surname/Family name .....

Forenames ..... Date of Birth .....

Address (with postcode).....

Phone numbers (land and mobile) .....

NHS number (if known) .....

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop my PCD leaving my GP practice (see para 15 of FAQ)
- I wish to stop my PCD leaving the HSCIC (see para 15 of FAQ)

Signature.....

(If you are filling this form out on someone else's behalf, you do not need to obtain their completion of these tick boxes or their signature, but you will need to tick and sign yourself on page 2).

**TURN TO PAGE 2 IF YOU ARE COMPLETING THIS FORM FOR SOMEONE ELSE**

**B.** If you are filling out this form on behalf of another person or child, the practice will consider your request. **Please ensure you fill out their details in section A and your details in section B.**

Please note that the guidance issued to practices is that where a child lacks competence, an individual with parental responsibility may take a decision on behalf of the child but if the child is competent, then he/she should make the decision.

In relation to adults, an individual with a Lasting Power of Attorney for health and welfare can object on behalf of a patient who lacks capacity. Requests from relatives/carers who do not have a Lasting Power of Attorney will be considered by the patient's usual doctor and will be accepted or refused based on an assessment of the patient's best interests.

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop PCD of the person named in Section A from leaving his/her GP practice (see para 15 of FAQ)
- I wish to stop PCD of the person named in Section A from leaving the HSCIC (see para 15 of FAQ)

Your name .....Your signature.....

Relationship to patient..... Date .....

**Request for personal confidential data (PCD) to be withheld from the Care.Data service**

If you DO NOT want your PCD to be extracted from your medical records by the General Practice Extraction Service (other than when required by law), please complete this form and return it to reception. Forms sent anywhere other than your GP practice will not be actioned.

A. Please complete in BLOCK CAPITALS

Title..... Surname/Family name .....

Forenames ..... Date of Birth .....

Address (with postcode).....

Phone numbers (land and mobile) .....

NHS number (if known) .....

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop my PCD leaving my GP practice (see para 15 of FAQ)
- I wish to stop my PCD leaving the HSCIC (see para 15 of FAQ)

Signature.....

(If you are filling this form out on someone else's behalf, you do not need to obtain their completion of these tick boxes or their signature, but you will need to tick and sign yourself on page 2).

**TURN TO PAGE 2 IF YOU ARE COMPLETING THIS FORM FOR SOMEONE ELSE**

**B.** If you are filling out this form on behalf of another person or child, the practice will consider your request. **Please ensure you fill out their details in section A and your details in section B.**

Please note that the guidance issued to practices is that where a child lacks competence, an individual with parental responsibility may take a decision on behalf of the child but if the child is competent, then he/she should make the decision.

In relation to adults, an individual with a Lasting Power of Attorney for health and welfare can object on behalf of a patient who lacks capacity. Requests from relatives/carers who do not have a Lasting Power of Attorney will be considered by the patient's usual doctor and will be accepted or refused based on an assessment of the patient's best interests.

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop PCD of the person named in Section A from leaving his/her GP practice (see para 15 of FAQ)
- I wish to stop PCD of the person named in Section A from leaving the HSCIC (see para 15 of FAQ)

Your name .....Your signature.....

Relationship to patient..... Date .....

**Request for personal confidential data (PCD) to be withheld from the Care.Data service**

If you DO NOT want your PCD to be extracted from your medical records by the General Practice Extraction Service (other than when required by law), please complete this form and return it to reception. Forms sent anywhere other than your GP practice will not be actioned.

A. Please complete in BLOCK CAPITALS

Title..... Surname/Family name .....

Forenames ..... Date of Birth .....

Address (with postcode).....

Phone numbers (land and mobile) .....

NHS number (if known) .....

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop my PCD leaving my GP practice (see para 15 of FAQ)
- I wish to stop my PCD leaving the HSCIC (see para 15 of FAQ)

Signature.....

(If you are filling this form out on someone else's behalf, you do not need to obtain their completion of these tick boxes or their signature, but you will need to tick and sign yourself on page 2).

**TURN TO PAGE 2 IF YOU ARE COMPLETING THIS FORM FOR SOMEONE ELSE**

**B.** If you are filling out this form on behalf of another person or child, the practice will consider your request. **Please ensure you fill out their details in section A and your details in section B.**

Please note that the guidance issued to practices is that where a child lacks competence, an individual with parental responsibility may take a decision on behalf of the child but if the child is competent, then he/she should make the decision.

In relation to adults, an individual with a Lasting Power of Attorney for health and welfare can object on behalf of a patient who lacks capacity. Requests from relatives/carers who do not have a Lasting Power of Attorney will be considered by the patient's usual doctor and will be accepted or refused based on an assessment of the patient's best interests.

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop PCD of the person named in Section A from leaving his/her GP practice (see para 15 of FAQ)
- I wish to stop PCD of the person named in Section A from leaving the HSCIC (see para 15 of FAQ)

Your name .....Your signature.....

Relationship to patient..... Date .....



**Request for personal confidential data (PCD) to be withheld from the Care.Data service**

If you DO NOT want your PCD to be extracted from your medical records by the General Practice Extraction Service (other than when required by law), please complete this form and return it to reception. Forms sent anywhere other than your GP practice will not be actioned.

**A. Please complete in BLOCK CAPITALS**

Title..... Surname/Family name .....

Forenames ..... Date of Birth .....

Address (with postcode).....

Phone numbers (land and mobile) .....

NHS number (if known) .....

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop my PCD leaving my GP practice (see para 15 of FAQ)
- I wish to stop my PCD leaving the HSCIC (see para 15 of FAQ)

Signature.....

(If you are filling this form out on someone else's behalf, you do not need to obtain their completion of these tick boxes or their signature, but you will need to tick and sign yourself on page 2).

**TURN TO PAGE 2 IF YOU ARE COMPLETING THIS FORM FOR SOMEONE ELSE**

**B.** If you are filling out this form on behalf of another person or child, the practice will consider your request. **Please ensure you fill out their details in section A and your details in section B.**

Please note that the guidance issued to practices is that where a child lacks competence, an individual with parental responsibility may take a decision on behalf of the child but if the child is competent, then he/she should make the decision.

In relation to adults, an individual with a Lasting Power of Attorney for health and welfare can object on behalf of a patient who lacks capacity. Requests from relatives/carers who do not have a Lasting Power of Attorney will be considered by the patient's usual doctor and will be accepted or refused based on an assessment of the patient's best interests.

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop PCD of the person named in Section A from leaving his/her GP practice (see para 15 of FAQ)
- I wish to stop PCD of the person named in Section A from leaving the HSCIC (see para 15 of FAQ)

Your name .....Your signature.....

Relationship to patient..... Date .....

**Request for personal confidential data (PCD) to be withheld from the Care.Data service**

If you DO NOT want your PCD to be extracted from your medical records by the General Practice Extraction Service (other than when required by law), please complete this form and return it to reception. Forms sent anywhere other than your GP practice will not be actioned.

A. Please complete in BLOCK CAPITALS

Title..... Surname/Family name .....

Forenames ..... Date of Birth .....

Address (with postcode).....

Phone numbers (land and mobile) .....

NHS number (if known) .....

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop my PCD leaving my GP practice (see para 15 of FAQ)
- I wish to stop my PCD leaving the HSCIC (see para 15 of FAQ)

Signature.....

(If you are filling this form out on someone else's behalf, you do not need to obtain their completion of these tick boxes or their signature, but you will need to tick and sign yourself on page 2).

**TURN TO PAGE 2 IF YOU ARE COMPLETING THIS FORM FOR SOMEONE ELSE**

**B.** If you are filling out this form on behalf of another person or child, the practice will consider your request. **Please ensure you fill out their details in section A and your details in section B.**

Please note that the guidance issued to practices is that where a child lacks competence, an individual with parental responsibility may take a decision on behalf of the child but if the child is competent, then he/she should make the decision.

In relation to adults, an individual with a Lasting Power of Attorney for health and welfare can object on behalf of a patient who lacks capacity. Requests from relatives/carers who do not have a Lasting Power of Attorney will be considered by the patient's usual doctor and will be accepted or refused based on an assessment of the patient's best interests.

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop PCD of the person named in Section A from leaving his/her GP practice (see para 15 of FAQ)
- I wish to stop PCD of the person named in Section A from leaving the HSCIC (see para 15 of FAQ)

Your name .....Your signature.....

Relationship to patient..... Date .....

**Request for personal confidential data (PCD) to be withheld from the Care.Data service**

If you DO NOT want your PCD to be extracted from your medical records by the General Practice Extraction Service (other than when required by law), please complete this form and return it to reception. Forms sent anywhere other than your GP practice will not be actioned.

A. Please complete in BLOCK CAPITALS

Title..... Surname/Family name .....

Forenames ..... Date of Birth .....

Address (with postcode).....

Phone numbers (land and mobile) .....

NHS number (if known) .....

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop my PCD leaving my GP practice (see para 15 of FAQ)
- I wish to stop my PCD leaving the HSCIC (see para 15 of FAQ)

Signature.....

(If you are filling this form out on someone else's behalf, you do not need to obtain their completion of these tick boxes or their signature, but you will need to tick and sign yourself on page 2).

**TURN TO PAGE 2 IF YOU ARE COMPLETING THIS FORM FOR SOMEONE ELSE**

**B.** If you are filling out this form on behalf of another person or child, the practice will consider your request. **Please ensure you fill out their details in section A and your details in section B.**

Please note that the guidance issued to practices is that where a child lacks competence, an individual with parental responsibility may take a decision on behalf of the child but if the child is competent, then he/she should make the decision.

In relation to adults, an individual with a Lasting Power of Attorney for health and welfare can object on behalf of a patient who lacks capacity. Requests from relatives/carers who do not have a Lasting Power of Attorney will be considered by the patient's usual doctor and will be accepted or refused based on an assessment of the patient's best interests.

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop PCD of the person named in Section A from leaving his/her GP practice (see para 15 of FAQ)
- I wish to stop PCD of the person named in Section A from leaving the HSCIC (see para 15 of FAQ)

Your name .....Your signature.....

Relationship to patient..... Date .....

**Request for personal confidential data (PCD) to be withheld from the Care.Data service**

If you DO NOT want your PCD to be extracted from your medical records by the General Practice Extraction Service (other than when required by law), please complete this form and return it to reception. Forms sent anywhere other than your GP practice will not be actioned.

A. Please complete in BLOCK CAPITALS

Title..... Surname/Family name .....

Forenames ..... Date of Birth .....

Address (with postcode).....

Phone numbers (land and mobile) .....

NHS number (if known) .....

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop my PCD leaving my GP practice (see para 15 of FAQ)
- I wish to stop my PCD leaving the HSCIC (see para 15 of FAQ)

Signature.....

(If you are filling this form out on someone else's behalf, you do not need to obtain their completion of these tick boxes or their signature, but you will need to tick and sign yourself on page 2).

**TURN TO PAGE 2 IF YOU ARE COMPLETING THIS FORM FOR SOMEONE ELSE**

**B.** If you are filling out this form on behalf of another person or child, the practice will consider your request. **Please ensure you fill out their details in section A and your details in section B.**

Please note that the guidance issued to practices is that where a child lacks competence, an individual with parental responsibility may take a decision on behalf of the child but if the child is competent, then he/she should make the decision.

In relation to adults, an individual with a Lasting Power of Attorney for health and welfare can object on behalf of a patient who lacks capacity. Requests from relatives/carers who do not have a Lasting Power of Attorney will be considered by the patient's usual doctor and will be accepted or refused based on an assessment of the patient's best interests.

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop PCD of the person named in Section A from leaving his/her GP practice (see para 15 of FAQ)
- I wish to stop PCD of the person named in Section A from leaving the HSCIC (see para 15 of FAQ)

Your name .....Your signature.....

Relationship to patient..... Date .....



**Request for personal confidential data (PCD) to be withheld from the Care.Data service**

If you DO NOT want your PCD to be extracted from your medical records by the General Practice Extraction Service (other than when required by law), please complete this form and return it to reception. Forms sent anywhere other than your GP practice will not be actioned.

A. Please complete in BLOCK CAPITALS

Title..... Surname/Family name .....

Forenames ..... Date of Birth .....

Address (with postcode).....

Phone numbers (land and mobile) .....

NHS number (if known) .....

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop my PCD leaving my GP practice (see para 15 of FAQ)
- I wish to stop my PCD leaving the HSCIC (see para 15 of FAQ)

Signature.....

(If you are filling this form out on someone else's behalf, you do not need to obtain their completion of these tick boxes or their signature, but you will need to tick and sign yourself on page 2).

**TURN TO PAGE 2 IF YOU ARE COMPLETING THIS FORM FOR SOMEONE ELSE**

**B.** If you are filling out this form on behalf of another person or child, the practice will consider your request. **Please ensure you fill out their details in section A and your details in section B.**

Please note that the guidance issued to practices is that where a child lacks competence, an individual with parental responsibility may take a decision on behalf of the child but if the child is competent, then he/she should make the decision.

In relation to adults, an individual with a Lasting Power of Attorney for health and welfare can object on behalf of a patient who lacks capacity. Requests from relatives/carers who do not have a Lasting Power of Attorney will be considered by the patient's usual doctor and will be accepted or refused based on an assessment of the patient's best interests.

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop PCD of the person named in Section A from leaving his/her GP practice (see para 15 of FAQ)
- I wish to stop PCD of the person named in Section A from leaving the HSCIC (see para 15 of FAQ)

Your name .....Your signature.....

Relationship to patient..... Date .....

**Request for personal confidential data (PCD) to be withheld from the Care.Data service**

If you DO NOT want your PCD to be extracted from your medical records by the General Practice Extraction Service (other than when required by law), please complete this form and return it to reception. Forms sent anywhere other than your GP practice will not be actioned.

**A. Please complete in BLOCK CAPITALS**

Title..... Surname/Family name .....

Forenames ..... Date of Birth .....

Address (with postcode).....

Phone numbers (land and mobile) .....

NHS number (if known) .....

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop my PCD leaving my GP practice (see para 15 of FAQ)
- I wish to stop my PCD leaving the HSCIC (see para 15 of FAQ)

Signature.....

(If you are filling this form out on someone else's behalf, you do not need to obtain their completion of these tick boxes or their signature, but you will need to tick and sign yourself on page 2).

**TURN TO PAGE 2 IF YOU ARE COMPLETING THIS FORM FOR SOMEONE ELSE**

**B.** If you are filling out this form on behalf of another person or child, the practice will consider your request. **Please ensure you fill out their details in section A and your details in section B.**

Please note that the guidance issued to practices is that where a child lacks competence, an individual with parental responsibility may take a decision on behalf of the child but if the child is competent, then he/she should make the decision.

In relation to adults, an individual with a Lasting Power of Attorney for health and welfare can object on behalf of a patient who lacks capacity. Requests from relatives/carers who do not have a Lasting Power of Attorney will be considered by the patient's usual doctor and will be accepted or refused based on an assessment of the patient's best interests.

Please tick each of the following circles to confirm you have read and understood the materials supplied by NHS England. They explain the consequences of your decision and that your objection can be overridden in very rare circumstances in relation to specific legal requirements.

- I have read the patient leaflet on care.data supplied by NHS England
- I understand that signing this form records my objection only to data flows in relation to the care.data service. I understand that there are other flows of PCD from my GP practice (e.g. the summary care record) and that I will be given information about how to opt out of other current/future flows that I am legally eligible to opt out of separately to this form.
- I have read the Frequently Asked Questions (FAQ) for patients document supplied by NHS England about care.data
- I wish to stop PCD of the person named in Section A from leaving his/her GP practice (see para 15 of FAQ)
- I wish to stop PCD of the person named in Section A from leaving the HSCIC (see para 15 of FAQ)

Your name .....Your signature.....

Relationship to patient..... Date .....