Dr.Malik Practice

Care. Data----------Opt Out Form

**Please complete in BLOCK CAPITALS**

|  |  |  |
| --- | --- | --- |
| Title | Full Name: |  |
| Date of Birth: | | |
| Address: | | |
| Postcode: | | |
| Signature: -------------------------- Date:----------------------------- | | |

**Please tick below either or both boxes if you:**

1. Object to Personal Confidential Data leaving the GP practice unless there is

(a) a statutory duty to share information, (b) a court order(c) an overriding public interest in

Disclosure 🞎

2. Wish to prevent Personal Confidential Data (PCD) gathered from any health and social care

Setting (e.g. hospital data) from leaving the Health and Social Care Information Centre

(HSCIC) 🞎

Please note: This form is only for you to fill. You cannot fill this on behalf of some else without

their written consent sent to our Practice.