

New Forest Central Medical Group

Data Sharing Opt Out Form

If you wish to opt **OUT** of any of the listed data sharing programmes please fill your details, indicate your choices and return to reception.

Please read our data sharing leaflet so you can make an informed decision.

Name DOB

Address.....

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Data Share

Type 1 opt out - I **do not** wish identifiable data about me to leave the practice.

National data opt out - I **do not** wish data about me to be shared by NHS Digital .

You must register your opt out using the online service at www.nhs.uk/your-nhs-data-matters

Summary Care Record

I **do not** wish to have a Summary Care Record.
(Please note this will mean NHS healthcare staff may not be aware of your current medications, any allergies or adverse reactions to previous medication)

CHIE (formerly Hampshire Health Record)

I **do not** wish to have a CHIE Record.

Signature:

Date:

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