

# 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.....

.....

.....

### **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](http://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)

### **Hampshire Health Record**

I **do not** wish to have a Hampshire Health Record.

**Signature:** ..... **Date:** .....