

Patient Care.Data Information Sharing

I confirm that I have read and understood the information in relation to the Patient Care.Data and I have indicated my decision below.

Please tick against the relevant box below

(a)	I do not want my records to leave the practice. <i>I wish to Dissent from secondary use of GP Patient identifiable data - Prevent Care.Data leaving the GP Practice.</i>	9Nu0	
(b)	I do not want my records to leave HSCIC. <i>Dissent from disclosure of personal confidential data by Health and Social Care Information Centre - Prevent Care.Data leaving the HSCIC.</i>	9Nu4	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

DoB: \_\_\_\_\_