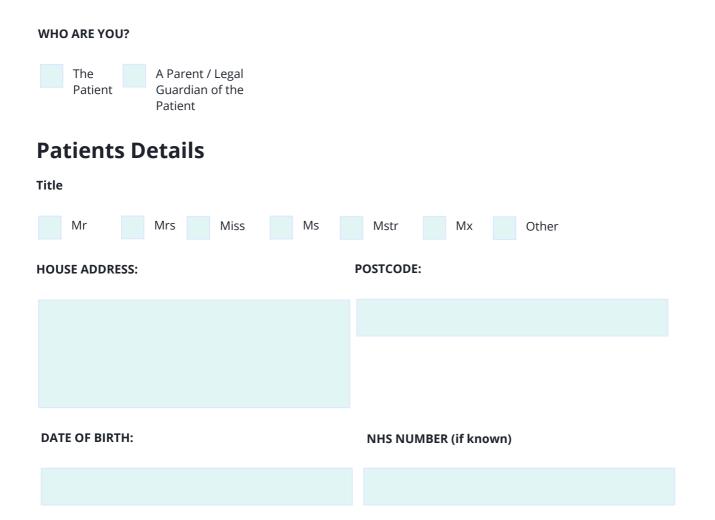


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NHS Digital Data Opt Out



Type 1 Opt-out preference

YOUR DECISION

Opt-out Withdraw Opt-out (Opt-in)

Opt-out:

I do not allow my identifiable patient data to be shared outside of the GP practice for purposes except my own care.

Withdraw Opt-out (Opt-in):

I do allow my identifiable patient data to be shared outside of the GP practice for purposes beyond my own care

I confirm that the information I have given in this form is correct.

SIGNATURE

Type your full name



I WANT A COPY OF THE CONTENTS OF THIS FORM TO BE EMAILED TO ME



I CONFIRM THAT THE PATIENT BEING CARED IS A REGISTERED PATIENT AT ASCOT MEDICAL CENTRE