ASCOT MEDICAL CENTRE
at the heart of the community

Brook House, Brook Avenue,
Ascot, SL5 7GB
Tel: 01344 874 011
www.ascotmedicalcentre.nhs.uk

NHS Digital Data Opt Out

WHO ARE YOU?

- [ ] The Patient
- [ ] A Parent / Legal Guardian of the Patient

Patients Details

Title

- [ ] Mr
- [ ] Mrs
- [ ] Miss
- [ ] Ms
- [ ] Mstr
- [ ] Mx
- [ ] Other

HOUSE ADDRESS:

POSTCODE:

DATE OF BIRTH:

NHS NUMBER (if known)

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

Proof of ID

You must provide one proof of identify (ID)

Send files with form

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

☐ Yes ☐ No

EMAIL:

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