

Request for all clinical data to be withheld from the Summary Care Record.

Part A: to be completed by the individual (data subject) making the request.

Please complete in BLOCK CAPITALS

Title _____ Surname/family name _____

Forename(s) _____

Address _____

Postcode _____ Tel no _____ Date of birth _____

New NHS No (If known) _ _ _ _ _

UNDER SECTION 10 OF THE DATA PROTECTION ACT I REQUEST THAT MY PERSONAL DATA ARE NOT ADDED TO THE NEW NHS SUMMARY CARE RECORD SERVICE DATABASE. I understand the consequences of taking this action and have carefully considered the implications of this for my health care. I understand that I may change my mind at a future date and can have a summary record created for me if I do. I have been offered the opportunity to discuss this with my GP.

Signature _____ Date _____

Part B: Confirmation of consent (to be completed by a health professional or suitably trained person on behalf of the GP Practice where the individual identified above is registered)

I have discussed with the patient the implications of the above action. I have confirmed that he/she has no further questions and wishes the above action to go ahead.*

The patient does not wish to discuss the implications of the above action. I have given him/her a written explanation of the implications.*

* Delete as appropriate

Signature _____ Date _____

Name _____

Job Title _____

Please return this form to the GP Practice where you are registered. If you register with a different Practice prior to the new Practice having gone through the process of creating Summary Care Records you will need to complete a new form for the new Practice.