

**CARE DATA — OPT OUT FORM — Oct 2013**

I would like to express my wish to request that confidential information contained in my medical records should **NOT** to be shared outside my GP practice for the purposes of the HSCIC / Care Data project;

**Name:** .....

**Date of Birth:** .....

**Address:** .....

.....

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**Signed:** .....

**Date:** .....