



## NHS ENGLAND'S CARE DATA – OPT OUT FORM

If you do not wish any information identifying you to be shared outside your GP Practice as set out in the leaflet “Better Information Means Better Care” which can be viewed via our website [www.kent.ac.uk/medical](http://www.kent.ac.uk/medical) please fill in this form:

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PLEASE COMPLETE IN BLOCK CAPITALS:

**Part A:**

Title:..... Surname (Family Name).....

Forenames:.....

Date of Birth:..... NHS Number (if known).....

Address:.....

Post Code..... Contact Phone Number:.....

Signed:.....

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PART B: If you are filling in this form on behalf of another person or a child, their GP practice will consider this request. Please ensure you fill out their details in PART A and your details in PART B.

Your Name.....

Your Signature.....

Relationship to Patient..... Date.....

**Please return this completed form to:**

**The University Medical Centre, Giles Lane, Canterbury, Kent CT2 7PB**