

**Second Street Surgery**  
**Application to Opt Out of the Care data Programme**

Name: .....

Date of Birth: .....

Address:

I have read the leaflet about the care.data programme and do not want information that identifies me to be shared outside of my GP practice. I understand that this will prevent my confidential information being used other than where necessary by law (for example, if there is a public health emergency) and that my choice will not affect the care I receive.

Signed: .....

Dated: .....

(Upon receipt of this signed form your request will be noted in your medical record by the practice)