

**Data Extraction Opt-Out Form**

**If you would like to Opt-Out of any of the Data Extraction Services then you need to fill in the form below and put a tick in the box next to each appropriate section on the next page.**

If you are filling out this form on behalf of another person or child, fill in the section above as well as the additional section below. Blackthorn Health Centre will then check that you have the authority to fill this in on their behalf and then process the form.

*It is important that you complete this section accurately and in BLOCK CAPITALS.*

|  |  |
| --- | --- |
| **Title** |  |
| **Forename(s)** |  |
| **Surname** |  |
| **Address** |  |
| **Phone Number** |  |
| **E-Mail Address** |  |
| **Date of Birth** |  |
| **Patient’s signature** |  |
| **Date** |  |

|  |  |
| --- | --- |
| **Your Name** |  |
| **Relationship to Patient** |  |
| **Your Phone Number** |  |
| **Your Signature** |  |
| **Date** |  |

**P.T.O.**

Tick the appropriate options below to **OPT-OUT** of that service.

**Summary Care Record**

I have read the information on the attached leaflet and I wish to opt-out of the Summary Care Record.

{*Opt-Out* via the ‘Sharing’ option on the Patient’s Summary page and selecting *SCR Consent*}

**EMIS Web, Care & Health Information Exchange Record & Medical Interoperability Gateway**

I have read the information on the attached leaflet and I wish to opt-out of the EMIS Web, Care & Health Information Exchange Record & Medical Interoperability Gateway.

{*Opt-Out* via the ‘Sharing’ option on the Patient’s Summary page and selecting *EMIS Sharing Consent*}

**Secondary use of GP Patient Identifiable Data**

I have read the information on the attached leaflet and I wish to opt-out of the Secondary use of GP Patient Identifiable Data.

{**9Nu0** – Dissent from secondary use of GP patient identifiable data}

**Audits with Section 251 Approval**

I have read the information on the attached leaflet and I wish to opt-out of the Audits with Section 251 Approval.

{**9M1** - Informed dissent for national audit}

**Health Check Programme**

I have read the information on the attached leaflet and I wish to opt-out of the NHS Health Check Programme.

*This is not a permanent opt-out and you may receive further invites for NHS Check in later years.*

{**8IAx** – NHS Health Check declined}

**For staff use**:

All ticked Sections will need recording onto the patient’s notes via the Data Extraction template.

Once you have done this, fill in the section below and pass onto to the scanning department to file this form onto the patient’s record.

This original then needs to be destroyed.

**Recorded by: Date:**