

Sandford Surgery, 6A Tyneham Close, Sandford BH20 7BQ

<u>The Health & Social Care Information Centre – DATA EXTRACTION PROCESS</u>

REQUEST TO O	PT OUT.		
Patient Name:			
DOB:			
	ceived information regarding t al Care Information Centre fro		
This is my authoris	sation confirming I wish to opt	as follows:	
	sh my Personal Confidential D Prevent PCD leaving the GP Practice)	ata to leave the GP Practice	
any health a	sh any Personal Confidential Dand social care setting to leave <i>Prevent PCD leaving the HSCIC</i>)	<u> </u>	
Signed:			
Date:			
For Office Use Or	nly - Opt Out Request:		
Request Actioned	by:	Date:	
For scanning.	П		