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Patient Opt Out Form

HSCIC data sharing

**The Health and Social Care Information Centre**(HSCIC) has been given permission by the NHS to automatically collect data about you from the surgery clinical data system.

Note that this is **NOT** the same as the Summary Care Records (SCR) data upload and if you opted out of the SCR that will not have any effect on the HSCIC data collection – you will need to complete this form too.

HSCIC collects your date of birth, NHS number and gender and stores it in a way so that you cannot be identified by it. It then collects information about family history, diagnoses, referrals, investigation results, and medication.

**What is it for?**

NHS England says it will "find more effective ways of preventing or managing illnesses; advise local decision makers how best to meet the needs of local communities; promote public health by monitoring risks of disease spread; map out pathways of care to streamline inefficiencies and reduce waiting times; determine how to use NHS resources most fairly and efficiently".

Information is being sent directly to patients from January 2014 and you will have the minimum of 4 weeks to read the leaflet and register any objection at the practice, before the data extraction starts in the Spring 2014 (no exact date has been given at the time of printing this form).

If you would like more information about this you can visit the HSCIC website:

<http://www.england.nhs.uk/ourwork/tsd/care-data/>

**OR** call their dedicated patient information line in relation to data sharing on **0300 456 3531**. Translation and text phone services are also available. (available from 6th January 2014)

**If you wish to prevent your data being used for this purpose please complete this form and return to reception. We will then mark your notes so that they will not be uploaded.**

Surname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Forename:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_