



*East and North Hertfordshire
Clinical Commissioning Group*

Patient Opt Out Form

PATIENT OPT-OUT FORM FOR GP DATA EXTRACTION

At this practice we would like to share your de-identified data for use by local health and social care to provide a more joined up service. If you would like to opt out please fill out the form and return to the reception desk at your GP Practice.

PATIENT DETAILS (Please complete in BLOCK CAPITALS)

Full Name:

Address:

.....

Postcode:

Date of birth:

NHS Number (if known):

Signature:

Consent to share de-identified data for use by local health and social care to provide a more joined up service.

Consent/Objection	Tick
Consent to share patient data with specified third party.	
Declined consent to share patient data with specified third party.	

East and North Hertfordshire Clinical Commissioning Group has contracted Apollo and MedeAnalytics to extract the data from this practice.

NOTES TO PRACTICES

The following Read codes should be entered to record the patient's objections:

Consent to share de-identified data with specified third parties (Apollo and MedeAnalytics) for use by local health and social care to provide a more joined up service.

Read Code Description	READ2	CTV3
Consent given to share patient data with specified third party	9NdG.	XaNwR
Declined consent to share patient data with specified third party	9NdH.	XaNwT