Registering an objection

NHS England's Care Data – Registering an objection

NHS England's care.data system aims to provide timely, accurate information to citizens, clinicians and commissioners about the treatments and care provided by the NHS.

Please refer to the NHS England's care.data patient information leaflet before completing this form.

The NHS England's care.data patient information leaflet can be found in our surgery waiting room; on our website (www.springfarmsurgery.co.uk) or on the NHS England website www.nhs.uk/caredata and/or www.hscic.gov.uk.

If you do not want information about you to be shared outside your GP practice, you can ask your practice to make a note of this in your medical record. This is called an objection. An objection will prevent your confidential information being used other than where there are exceptional circumstances or where the law allows your information to be shared.

OBJECTION FORM – Confidential

A. Please tick this box if you **do not** want any information containing data that identifies you from leaving your GP practice. This type of objection will prevent the identifiable information held in your GP record from being sent to the HSCIC secure environment. It will also prevent those who have gained special legal approval from using your health information for research. The surgery will block the uploading of your identifiable and personal information to the HSCIC. ☐

B. Please tick this box if you **do not** want information containing data that identifies you from leaving the HSCIC secure environment. This includes information from all places you receive NHS care, such as hospitals. If you object, confidential information will not leave the HSCIC and be used in this way, except in very rare circumstances for example in the event of a civil emergency. The surgery will code your record which will alert the HSCIC not to use your information in this way. ☐

If you wish to cancel this at any time in the future please let reception know.

C. Please complete in BLOCK CAPITALS

Title: _____ Surname / Family Name: _____

Forename: _____Date of Birth: _____

Address: _____

Postcode: _____Phone No.: _____

Signature: _____ Date: _____

D. If you are filling out this form on behalf of another person or a child, please ensure that you fill out their details in section C and your details in section D.

Your Name: _____

Your Signature: _____

Relationship to Patient: _____ Date: _____

Please return this form to reception and your records will be coded accordingly.