**Communication leaflets**

**Great North Care Record: Opt-out form**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Date of birth |  |
| NHS number (if known) |  |
| Your signature | I DO NOT give consent for my medical record to be shared [sign below **only** if you wish to opt out of sharing your record through this scheme].  |

Please return the signed form to your practice.