

Church Surgery, Aberystwyth

PATIENT INFORMATION SHARING OPT-OUT FORM

If you want to opt out from any aspect of sharing of your information between the other GP Practices in Cambrian Primary Care or other Health and Social Care Professionals in the community in North Ceredigion, please complete this form and hand it in to reception.

We will then code your records appropriately so your information is not shared.

PATIENT DETAILS

NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

SIGNATURE: _____

DATE: _____

IF YOU ARE SIGNING ON BEHALF OF A CHILD UNDER 16 YEARS OF AGE PLEASE COMPLETE THE SECTION BELOW

Your name: _____

Relationship to the patient named above: _____