

Opting out of My Care Record

If you want to opt out of My Care Record please complete this form and return to your GP practice.

I wish to opt out of My Care Record (For office use: 93C1)

Patient details (please write in CAPITAL LETTERS)			
Title:		Forenames:	
Surname/Family name:			
Address:			
Phone number(s):			
Email address:			
Date of birth:		NHS number (if known):	
If the person signing below is not the patient, please also enter the signatory's name and relationship to the patient, e.g. parent, guardian, attorney			
Full name:		Status:	
Signature:		Date:-	

Thank you.