



# Medical Record Sharing Opt-out Form – The Great North Care Record

Name	
Address	
Date of birth	
Signature	

	Please tick
<p>I DO NOT give consent for my medical record to be shared under the Great North Care Record Scheme</p> <p><i>We recommend that you do this only in consultation with a GP</i></p>	

Please complete and return to the practice. **You only need to do this if you wish to opt out of sharing your record in this scheme.**

For Practice Use Only	✓
Record sharing set to No – do not share any data recorded here	
Read Code XaZ89 – Dissent from Secondary Use of patient identifiable information	
Scan to Patient record	