**Wimbledon Village data extraction Opt out form**

You can use this form to register a Type 1 Opt-out, for yourself or for a dependent (if you are the parent or legal guardian of the patient. Your data will not be sent to NHS Digital and will only be used for your direct care.

### This decision will not affect individual care and you can change your choice at any time. This form, once completed, should be sent to us by email or post.

**Details of the patient**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Title** |  | | | | | | | | | |
| **Forename(s)** |  | | | | | | | | | |
| **Surname** |  | | | | | | | | | |
| **Address** |  | | | | | | | | | |
|  |  | | | | | | | | | |
|  |  | | | | | | | | | |
|  |  | | | | | | | | | |
| **Date of birth** |  | | | | | | | | | |
| **NHS Number (if known)** |  |  |  |  |  |  |  |  |  |  |

**Details of parent or legal guardian**

If you are filling in this form on behalf of a dependent e.g. a child, please complete the details below:

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
|  |  |
|  |  |
|  |  |
| **Relationship to patient** |  |

**Opt-out**

I do not allow my / the patient’s above identifiable patient data to be shared outside of the GP practice for purposes except direct care.

When complete, please send by email to [wimbledon.villagesurgery@nhs.net](mailto:wimbledon.villagesurgery@nhs.net)

Or post or deliver it to us at The Surgery, 35a High Street | Wimbledon | SW19 5BY