**Crossfell Health Centre**

Care.Data Patient Choice form

Before you complete this form please read carefully the NHS leaflet “How information about you helps us to provide better care.”

If you wish to **object** to the extraction of your personal data under the Care.Data initiative please complete the reply slip below and return it to reception so that we can code your notes accordingly.

**I, the undersigned, do not wish information from my records to be extracted under the care.data initiative**

Full name

Date of birth

Address

Signature

Date