**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 **another person’s personal data** under the Care.Data initiative please complete the form below and return it to reception so that we can code their notes accordingly.

You can only sign on someone else’s behalf if that person does not have capacity to make such a decision eg a child under the age of 16, a person with a learning disability, or a person for whom you have power of attorney.

Please fill in their name below.

Name of person whose information is to be withheld

Date of birth

Address

Your Name

Your signature

Date

Reason why you are signing on their behalf