



PRIVATE & CONFIDENTIAL

Great North Care Record: Opt-out form

Name	
Address	
Date of birth	
NHS number (if known)	
Usual GP surgery	
Signature	
Date	

	Please tick
I DO NOT give consent for my medical record to be shared on the Great North Care Record.	

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

For GP surgery staff: If you are unsure how to process this form in line with patients wishes, please call 0344 811 9587.