

# *Drs Molony, Stillman & Partners*

## **Dissent from data sharing with the**

## **Health & Social Care Information Centre**

I do not agree to the sharing of my personal identifiable data with the Health & Social Care Information Centre (no patient identifiable data will leave the GP practice). Code 9Nu0.

I do not agree to the disclosure of any of my person identifiable data by the Health & Social Care Information Centre (no patient identifiable data obtained from any health or social care setting will leave the HSIC). Code 9Nu4.

*\* Please tick one or both options as required*

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Signature: \_\_\_\_\_

*Please hand in to reception FAO the Practice Manager*