Patient Dissent to share form

Name: _____

Address: _____

_____

_____

Date of birth: _____

NHS Number: _____

I wish to decline my consent for my identifiable information to be utilised for any purpose other than my medical/social care as detailed below:

- ✓ **I do not wish my clinical data to be extracted and utilised within the Cheshire Care Record (CCR)**
- ✓ I do not wish my clinical data to be used as part of any audit exercise
- ✓ I do not wish my clinical data to be used for service evaluation
- ✓ I do not wish my clinical data to be utilised for research purposes
- ✓ I do not wish my clinical data to be provided to commissioners to evaluation the effectiveness of services or validation purposes.
- ✓ **All of the above**

I understand that the Council is required and will still utilise my identifiable data to meet with legal statutory obligations of the organisation including but not limited to providing details of my treatment on national statutory returns or where other legal obligations are imposed upon the organisation or where the Council has a legal duty to act. The council may also continue to utilise data in an anonymous form for any of the above noted actions.

I am aware of the implications of this request and understand that it will not affect the care I receive. I will notify you should I change my mind.

Signature: _____

Date: _____

Relationship if signing for another person: _____

Send this form to:

Cheshire and Wirral Partnership NHS
Foundation Trust,
Trust Headquarters Redesmere,
Countess of Chester Health Park,
Liverpool Road,
Chester,
CH2 1BQ