NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

If you would like to opt-out complete this form and return it to us

If you would like to opt-out, please complete this form and return it to us.

*We cannot process your request without this information.

Please include contact information to receive an acknowledgement.

Gender _____

First name*: _____

Last name*: _____

Date of birth*: _____

NHS Number*: _____

Registered GP Practice: _____

Email address: _____

Postal address*: _____

_____

Postcode: _____

Are you completing this form on behalf of another person?

☐ Yes ☐ No

If yes, what is your relationship to this person? _____

Please tick as appropriate; the person I am completing this form for:

☐ is under 16 and I am their legal guardian/have parental responsibility.

☐ does not have capacity to give consent and I have lasting power of attorney.

Please tick the box below:

☐ I have read the leaflet and understand consequences of opting out

Your full name: _____

Signature: _____

You can send this form free of charge, in a sealed envelope, to:

FREEPOST NLP – JOINED UP CARE RECORD. *DO NOT EMAIL THIS FORM*