



## Maternity Records – Secondary Use of Data

### OPT OUT FORM (Dec 2005)

Please print

<b>Mother's name</b>	
<b>Date of Birth</b>	
<b>NHS Number</b>	
<b>Postcode</b>	

#### Declaration:

I wish that my maternity records may only be used in the provision of clinical care, and NOT for further assessments of how the service is run and how it can be improved (as described in The Pregnancy Notes).

Mother's signature: \_\_\_\_\_

Dated: \_\_\_\_\_

**Please send this form to:**  
Clinical Informatics Manager  
Perinatal Institute  
Crystal Court, Aston Cross  
Birmingham B6 5RQ