Dear,

The data held in your GP medical records is shared with other healthcare professionals for the purposes of your individual care. It can also be shared with other organisations to support health and care planning and research.

If you do not want your personally identifiable patient data to be shared outside of your GP practice for purposes except your own care, you can register an opt-out with your GP practice. This is known as a Type 1 Opt-out.

You may also wish to register a National Data Opt-out which is not done at GP practice level; for this, you must contact NHS Digital - more information about the National Data Opt-out is here: https://www.nhs.uk/your-nhs-data-matters/

You can use this form to:

- register a Type 1 Opt-out, for yourself or for a dependent (if you are the parent or legal guardian of the patient) (to Opt-out)
- withdraw an existing Type 1 Opt-out, for yourself or a dependent (if you are the
 parent or legal guardian of the patient) if you have changed your preference (Opt-in)

This decision will not affect individual care and you can change your choice at any time, using this form. This form, once completed, should be sent to your GP practice by email or post.

Details of the patient

Title		,					
Forename(s)			 -			-	
Surname	vi vi			-			
Address			79				-
Phone number					y *		
Date of birth			58				
NHS Number (if known)							

Details of parent or legal guardian

If you are filling in this form on behalf of a dependent e.g. a child, the GP practice will first check that you have the authority to do so. Please complete the details below:

Name					1 8	
Address		0.				
P			*			* .
2 ×	W		*	19		
Relationship to patient		ı				. 3

Your decision		
Opt-ou	t	
	allow my identifiable patient data to be shared outside of the GP for purposes except my own care.	
Withdra	w Opt-out (Opt back in))	
	w my identifiable patient data to be shared outside of the GP practice oses beyond my own care.	9
(You wo	ould only use this if you have previously opted out)	
Your declara	tion	
Tour declara	<u>(ilion</u>	
I confirm that:		
 I am the j 	nation I have given in this form is correct parent or legal guardian of the dependent person I am making a choice it above (if appliable)	
Signature		
Date signed		
- E		
VA (1		
wnen comp	lete, please post or send by email to your GP practice	Formatted: Left
For GP Practic	ce Use Only	
Date received		
Date applied		
Tick to select	Opt – Out - Dissent code:	
the codes applied	9Nu0 (827241000000103 Dissent from secondary use of general practitioner patient identifiable data (finding))	
	Opt - In - Dissent withdrawal code:	
	9Nu1 (827261000000102 Dissent withdrawn for secondary use of general practitioner patient identifiable data (finding))]	
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