

Dissent from secondary use of patient identifiable data

If you wish to opt out, please complete and return to the Practice

Dear Doctor,

I am writing to give notice that I refuse consent for my identifiable information and the identifiable information of those for whom I am responsible [*delete as appropriate*] to be transferred from your practice systems for any purpose other than my medical care.

Please take whatever steps necessary to ensure my / our confidential personal information is not uploaded and record my dissent by whatever means possible.

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

Yours sincerely,

Signature _____ Date _____

Name:	
Date of Birth:	
NHS Number: (if known)	
Address:	
<i>Please tick the box of your choice</i>	
I do not want my personal data to go from the GP Practice to the HSCIC (Dissent from secondary use of GP patient identifiable data) Code: 9Nu0	<input type="checkbox"/>
I am happy for my data to go to the HSCIC but I do not want it disclosed to other organisations (Dissent from disclosure of personal confidential data by Health and Social Care Information Centre) Code: 9Nu4	<input type="checkbox"/>

Space for additional patient details overleaf

Additional patient details [*please complete in BLOCK CAPITALS*]

Dear Doctor, please take whatever steps necessary to ensure the following people's confidential personal information is not uploaded from your practice and record my dissent on their behalf by whatever means possible.

Patient's full name: _____

Address: _____

Postcode: _____
Date of birth: _____
NHS number (if known): _____

Patient's full name: _____

Address: _____

Postcode: _____
Date of birth: _____
NHS number (if known): _____

Patient's full name: _____

Address: _____

Postcode: _____
Date of birth: _____
NHS number (if known): _____

Patient's full name: _____

Address: _____

Postcode: _____
Date of birth: _____
NHS number (if known): _____

You can provide details of other family members you wish to opt out on a separate sheet, but make sure the signature sheet is attached.