

Dear Patient,

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**

<b>Title</b>																					
<b>Forename(s)</b>																					
<b>Surname</b>																					
<b>Address</b>																					
<b>Phone number</b>																					
<b>Date of birth</b>																					
<b>NHS Number (if known)</b>	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				

**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:

<b>Name</b>	
<b>Address</b>	
<b>Relationship to patient</b>	

Your decision

**Opt-out**  
I do not allow my identifiable patient data to be shared outside of the GP practice for purposes except my own care.

**Withdraw Opt-out (Opt back in)**

I do allow my identifiable patient data to be shared outside of the GP practice for purposes beyond my own care.  
**(You would only use this if you have previously opted out)**

**Your declaration**

I confirm that:

- the information I have given in this form is correct
- I am the parent or legal guardian of the dependent person I am making a choice for set out above (if applicable)

Signature

Date signed

**When complete, please post or send by email to your GP practice**

**For GP Practice Use Only**

Date received	
Date applied	
Tick to select the codes applied	<b>Opt – Out - Dissent code:</b> 9Nu0 (827241000000103 [Dissent from secondary use of general practitioner patient identifiable data (finding)])
	<b>Opt – In - Dissent withdrawal code:</b> 9Nu1 (827261000000102 [Dissent withdrawn for secondary use of general practitioner patient identifiable data (finding)])