

**CARE DATA OPT-OUT FORM**

**Dissent from secondary use of patient identifiable data**

Dear Doctor,

I am writing to give notice that I refuse consent for my identifiable information to be transferred from your practice systems for any purpose other than my medical care.

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

This includes adding the '**Dissent from secondary use of GP patient identifiable data**' code (Read v2: 9Nu0 or CTV3: XaZ89) to my record as well as the '**Dissent from disclosure of personal confidential data by Health and Social Care Information Centre**' code (Read v2: 9Nu4 or CTV3: XaaVL).

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

Yours sincerely,

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Information to help identify my records** [*please complete in BLOCK CAPITALS*]

Title \_\_\_\_\_ Surname / Family name \_\_\_\_\_

Forename(s) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Date of birth \_\_\_\_\_

NHS number (if known) \_\_\_\_\_