

Opt out letter 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 to my record either one or both of the following, please tick:

I do not want my personal data to go from the GP practice to the HSCIS
(‘Dissent from secondary use of GP patient identifiable data’ code (Read v2: 9Nu0 or CTV3: XaZ89))

Or

I am happy for my data to go to HSCIS but I do not want it disclosed to other organisation(s) ‘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. I understand that I can change my mind and opt in to either or both options at any time that I choose.

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) _____