

Dissent from secondary use of GP patient identifiable data

Dear GP,

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.

This includes adding the 'Dissent from secondary use of GP patient identifiable data' code (Read v2: 9Nu0, CTV3: XaZ89 or SNOMED CT: 827241000000103) to my / our records.

I am aware of the implications of this request, understand it will not affect the care that I / we receive, and I 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) _____

Space for additional patient details overleaf

*NHS Digital says GP practices are required to action this opt-out, see: <http://bit.ly/NHSDigital-Type1-opt-out>
More copies of this letter can be downloaded from www.medconfidential.org/how-to-opt-out*