**Register your Type 1 Opt-out preference**

The data held in your GP medical records is shared with other healthcare professionals for the purposes of your individual care. It is also 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.

Type 1 opt outs may change in the future.

More information about 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-ut, for yourself or for a dependent (if you are the parent or legal guardian of the patient) (**to opt out**)
* Withdraw an dexisting Type 1 Opt-out for yourself or a dependent(if you are the parent of 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**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title |  | | | | | | | | | |
| Forename (s) |  | | | | | | | | | |
| Surname |  | | | | | | | | | |
| Address |  | | | | | | | | | |
| Phone Number |  | | | | | | | | | |
| Date of Birth |  | | | | | | | | | |
| NHS No. (if known) |  |  |  |  |  |  |  |  |  |  |

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | | | | | | | |
| Address |  | | | | | | | | | |
| Relationship to patient |  | | | | | | | | | |
| Date of Birth |  | | | | | | | | | |
| NHS No. (if known) |  |  |  |  |  |  |  |  |  |  |

**Register your Type 1 Opt-out preference**

**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  OR  I do not allow the patient above’s identifiable patient data to be shared outside of the GP practice for purposes beyond my own care |

|  |
| --- |
| **Withdraw Opt – out**  I do allow my identifiable patient data to be shared outside of the GP practice for purposes except my own care  OR  I do allow the patient above’s identifiable patient data to be shared outside of the GP practice for purposes beyond my own care |

**Your declaration**

I confirm that

* The information that I have given on 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 return to your GP surgery**

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GP practice use only

|  |  |  |  |
| --- | --- | --- | --- |
| Date Received |  | Date applied |  |
| Tick to select code applied | Opt-out dissent code  9Nu0 (827241000000103/Dissent from secondary use of general practitioner patient identifiable data (finding)) | |  |
|  | Opt-in Dissent withdrawal code: 9Nu1 (827261000000102)/ Dissent withdrawn for secondary use of general practitioner patient identifiable data (finding)) | |  |