## Register your Type 1 Opt-out preference

The data held in yourGP 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 1Opt-out.

Type 1 Opt-outs may be discontinued in the future. If this happens then they may be turned into a National Data Opt-out. Your GP practice will tell you if this is going to happen and if you need to do anything. More information about the National Data Opt-out is here: <a href="https://www.nhs.uk/your-nhs-data-matters/">https://www.nhs.uk/your-nhs-data-matters/</a>

You can use thisform 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)
- withdrawan 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**

Title					
Forename(s)					
Surname					
Address					
Phone number					
Date of birth					
NHS Number (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	

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<u>Your</u>	<u>decision</u>										
	Opt-out	t Ilow myidentifiable patient data to be shared outside of the GP									
	practice for purposes except my own care.										
	OR										
		allow the patient above's identifiable patient data to be shared of the GP practice for purposes except their own care.									
	Withdraw	w Opt-out (Opt-in)									
ш		y identifiable patient data to be shared outside of the GP practice s beyond my own care.									
	OR	OR .									
	I do allow the patient above's identifiable patient data to be shared outside of the GP practice for purposes beyond their own care.										
Your	declaratio	<u>on</u>									
I confi	irm that:										
•	I am the p	nation I have given in this form is correct parent or legal guardian of the dependent person I am making a r set out above (if appliable)									
Signat	ture										
	:										
Date s	igned										
When complete, please post or send by email to your GP practice											
For G	P Practice	e Use Only									
Date r	eceived										
Date a	pplied										
	select	Opt - Out - Dissent code:									
the codes applied		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) )]									