

## Dissent from secondary use of patient identifiable data

Dear Doctor,

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 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 / we 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) \_\_\_\_\_

Space for additional patient details overleaf

**Additional patient details** [please complete in BLOCK CAPITALS]

Dear Doctor, please take whatever steps necessary to ensure the following people's confidential personal information is not uploaded from your practice and record my dissent on their behalf by whatever means possible.

Patient's full name: _____
_____
Address: _____
_____
_____
Postcode: _____
Date of birth: _____
NHS number (if known): _____

Patient's full name: _____
_____
Address: _____
_____
_____
Postcode: _____
Date of birth: _____
NHS number (if known): _____

Patient's full name: _____
_____
Address: _____
_____
_____
Postcode: _____
Date of birth: _____
NHS number (if known): _____

Patient's full name: _____
_____
Address: _____
_____
_____
Postcode: _____
Date of birth: _____
NHS number (if known): _____

You can provide details of other family members you wish to opt out on a separate sheet, but make sure this letter is attached.