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 otherorganisations 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 withyour GP practice. This is known as a Type 1 Opt-out.

Type 1 Opt-outs may be discontinued in the future. If this happens then they may beturned 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: https://www.nhs.uk/your-nhs-data-matters/

You can use this form to:
- register a Type 1 Opt-out, for yourself or for a dependent (if you are the parentor legal guardian of the patient) (to **Opt-out**)
- withdraw an existing Type 1 Opt-out, for yourself or a dependent (if you arethe 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 practiceby 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 firstcheck that you have the authority to do so. Please complete the details below:

Name	
Address	
Relationship to patient	

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Your decision

☐   Opt-out

I do not allow my identifiable patient data to be shared outside of the GPpractice for purposes except my own care.

OR

I do not allow the patient above's identifiable patient data to be sharedoutside of the GP practice for purposes except their own care.

☐   Withdraw Opt-out (Opt-in)

I do allow my identifiable patient data to be shared outside of the GP practicefor purposes beyond my own care.

OR

I do allow the patient above's identifiable patient data to be shared outside ofthe GP practice for purposes beyond their own care.

Your declaration

I confirm that:
- the information I have given in this form is correct
- I am the parent or legal guardian of the dependent person I am making achoice for set out above (if applicable)

Signature

Date signed

When complete, please post or send by email to your GP practice

- -

For GP Practice Use Only

Date received		
Date applied		
Tick to select the codes 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)|)	