

## Registering 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 and will not be affected by registering your Type 1 Opt-out preference.

However, your data is also shared pseudonymously (which means that the part of the data that identifies you as an individual is taken out) with other organisations to support health and care planning and research. These include the NHS nationally to assist with planning the response to a pandemic such as Covid19 and to support the NHS locally in planning and evaluating services provided by your practice.

You have the right to control how medical information about you is shared. 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.

You can use this form 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**)
- withdraw an 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 to be processed.

### Patient Details

<b>Title</b>	
<b>Forenames</b>	
<b>Surname</b>	
<b>Address</b>	
<b>Mobile and landline telephone numbers</b>	
<b>Date of Birth</b>	
<b>NHS Number (if known)</b>	

### 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:

<b>Dependent's name</b>	
<b>Address</b>	

<b>Relationship to person filling in the form</b>	
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**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 except their own care.

**Withdraw Opt-out (Opt-in)**

I do allow my identifiable patient data to be shared outside of the GP practice for purposes beyond 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 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 a choice for set out above (if applicable)

**Signature**

Date signed

**When complete, please send to your GP practice for processing**

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**For GP Practice Use Only**

Date received		
Date processed		
Tick to select Code applied	Opt-Out – Dissent Code 9Nu0 (827241000000103 [Dissent from secondary use of general practitioner identifiable data (finding)])	
	Opt-In – Dissent Code	

	9Nu0 (827241000000103 [Dissent withdrawn for secondary use of general practitioner identifiable data (finding)])	
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