

**Type 1 Opt-out (Dissent from secondary use of GP patient identifiable data)**

Dear GP,

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, CTV3: XaZ89 or SNOMED CT: 827241000000103) to my / our records.

I am aware of the implications of this request, I understand it will not affect the care that I / we receive, and I will notify you should I change my mind.

Yours sincerely,

Signature:		Date:	
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**Information to help identify my records** [please complete in BLOCK CAPITALS]

Forename(s)	
Surname/Family Name	
Address	
Date of birth	
NHS Number (if known)	

Completed forms can be handed in at reception or emailed to [stthomas@nhs.net](mailto:stthomas@nhs.net)