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, 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

**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

NHS Digital says GP practices are required to action this opt-out, see: [**http://bit.ly/NHSDigital-Type1-opt-out**](http://bit.ly/NHSDigital-Type1-opt-out)

*More copies of this letter can be downloaded from* [**www.medconfidential.org/how-to-opt-out**](http://www.medconfidential.org/how-to-opt-out)