

## Opting out preferences

If you don't want your identifiable patient data to be shared for purposes except for your own care, you can opt-out by registering a **National Data Opt-out**, a **Type 1 Opt-out** or both.

### National Data Opt-out

If you wish to opt-out of the National Data extraction please register your choice at [www.nhs.uk/your-nhs-data-matters/manage-your-choice](http://www.nhs.uk/your-nhs-data-matters/manage-your-choice) or ring the NHS Digital Contact Centre on 0300 303 5678 – Monday to Friday, 9am to 5pm (excluding bank holidays).

### Type 1 opt-out

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 a Type 1 opt-out with your GP practice.

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

### Details of the patient

<b>Title</b>											
<b>Forename(s)</b>											
<b>Surname</b>											
<b>Address</b>											
<b>Phone number</b>											
<b>Date of birth</b>											
<b>NHS Number (if known)</b>	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										

### 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>Name</b>	
<b>Address</b>	
<b>Relationship to patient</b>	

**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, send this form to your GP practice**

**For GP Practice Use Only**

Date received		
Date applied		
Tick to select the codes applied	<b>Opt – Out - Dissent code:</b> 9Nu0 (827241000000103  Dissent from secondary use of general practitioner patient identifiable data (finding) )	
	<b>Opt – In - Dissent withdrawal code:</b> 9Nu1 (827261000000102  Dissent withdrawn for secondary use of general practitioner patient identifiable data (finding) )	