

**Dissent from secondary use of patient identifiable data
(OPT OUT FROM CARE.DATA PROJECT)**

Dear Doctor,

I am writing to give notice that I refuse consent for my identifiable information to be transferred from your practice systems to HSCIC under the Care.Data project.

Please take the necessary steps to prevent my confidential personal information from being uploaded to HSCIC 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) to my record as well as the 'Dissent from disclosure of personal confidential data by Health and Social Care Information Centre' code (Read v2: 9Nu4).

I am aware of the implications of this request and understand that it will not affect the direct medical care that I receive from the Practice. I will notify you should I change my mind.

Yours sincerely,

Signature _____ Date _____

Name of Person Signing: _____
(parents may only sign on behalf of children under 18 / minors)

Patient's Information:

Title _____ Surname / Family name _____

Forename(s) _____

Date of birth _____

Address _____

Postcode _____

NHS number (if known) _____