**Details of the patient**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Title** |  | | | | | | | | | |
| **Forename(s)** |  | | | | | | | | | |
| **Surname** |  | | | | | | | | | |
| **Address** |  | | | | | | | | | |
| **Phone number** |  | | | | | | | | | |
| **Date of birth** |  | | | | | | | | | |
| **NHS Number (if known)** |  |  |  |  |  |  |  |  |  |  |

**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:

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Relationship to patient** |  |

#### 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.

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

I do allow my identifiable patient data to be shared outside of the GP practice for purposes beyond my own care.

**(You would only use this if you have previously opted out)**

### 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 appliable)

**Signature**

**Date signed**

**When complete, please post or send by email to your GP practice**

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**For GP Practice Use Only**

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|  | **Opt – In - Dissent withdrawal code:**  9Nu1 (827261000000102 |Dissent withdrawn for secondary use of general practitioner patient identifiable data (finding)|)] |  |