

Opt out form – GP Practice medical information

Request for my personal confidential information to be withheld from sharing with the Health and Social Care Information Centre (HSCIC)

You have 2 options to choose from regarding your Personal Confidential Data (PCD) leaving your GP Practice – Please tick either option 1 or option 2 below.

1. I object to my PCD leaving the practice and being sent to the HSCIC.

2. I will allow my PCD to leave the GP Practice and go to the HSCIC to be used ONLY for HSCIC use, but object to my data being passed on to any other organisation

Please fill out the form below and return it to *(insert name of practice)*

Section A: Please complete in BLOCK CAPITALS

Title Surname / Family Name
Forename(s).....
Address.....
Postcode..... NHS No (if known)..... Signature

Section B: If you are completing this form on behalf of another person or a child your GP practice will consider this request. Please ensure you complete their details in Section A above and your details in Section B below.

Your Name Your Signature
Relationship to patient..... Date.....

Please Note: If you wish to change your decision in the future please inform your GP in writing.

Please return to: (insert name and address of practice)

FOR PRACTICE USE ONLY

	V2	CTV3	Description
1	9Nu0.	XaZ89	Dissent from secondary use of GP patient identifiable data
2	9Nu4.	XaaVL	Dissent from disclosure of personal confidential data by Health & Social Care Centre

Actioned by Practice: Yes / No. Initials..... Date..... Send to Scanner.