

To Dr _____

From:

Name: _____

Address: _____

Date of birth: _____

I am writing to decline my consent for my identifiable patient information to be transferred from your practice for any purpose other than my medical care. Please code my records accordingly.

(Tick one or both)

I do not wish my clinical data to be extracted electronically from this GP practice. Please add the code 9Nu0 'Dissent from secondary use of GP patient identifiable data'.

I wish to prevent my clinical data gathered from any NHS source from leaving the Health and Social Care Information Centre. Please add the code 9Nu4 'Dissent from disclosure of personal confidential data by Health and Social Care Information Centre'.

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

Signature: _____

Date: _____

Relationship if signing for another person: _____