

Dissent from secondary use of GP patient identifiable data

Dear GP,

I am writing to give notice that I refuse consent for my identifiable information / and the identifiable information of those for whom I am responsible *[delete as appropriate]* to be transferred from your practice systems for any purpose other than my medical care.

Please take whatever steps necessary to ensure my / our confidential personal information is not uploaded 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, CTV3: XaZ89 or SNOMED CT: 827241000000103) to my / our records.

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

Yours sincerely,

Signature _____ Date _____

Information to help identify my records *[please complete in BLOCK CAPITALS]*

Title _____ Surname / Family name _____

Forename(s) _____

Address _____

Postcode _____

Date of birth _____

NHS number (if known) _____

Space for additional patient details overleaf