**National Data Type 1**

**Opt Out Form**

**Patient Details:**

**Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I confirm that I do not want my identifiable data being shared or used for any purpose other than providing my individual care, except in exceptional circumstances.

I understand that there are times when, by law, my GP Practice may have to release information about me (for example, if there is a public health emergency).

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient printed name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please note, if you have previously opted out of having a Summary Care Record and do not want your identifiable data leaving the practice for purposes beyond your individual care, you will need to complete this additional opt out form.

**Please return this form to your GP Practice**

*For Office Use Only*

Opt out code XaZ89 “Dissent from Secondary use of GP Identifiable date” added to patient’s medical record:

Date:

Signature:

Opt out form scanned into medical record:

Date:

Signature: