

OPT OUT FORM – MEDICAL RECORDS

Dear GP Surgery,

I do not wish to allow my medical records to be used for any purpose other than my medical care.

Please ensure my dissent to secondary uses is recorded by whatever means possible, which includes adding the following codes to my GP record:

☐ Uploading information from my GP record

Type 1 objection: 9Nu0/XaZ89

☐ The National Data Opt Out

Type 2 objection: 9Nu4/XaaVL

(tick whichever apply)

I understand that I can opt back in to any or all of these at any time in the future

Name:

Signature:

DOB:

Your name/signature & relationship if applying on behalf of another person (e.g. parent/legal guardian):