

HSCIC INFORMATION EXTRACTION OPT-OUT FORM

Dissent from secondary use of patient identifiable data

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 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 CTV3: **XaZ89**) to my record as well as the '**Dissent from disclosure of personal confidential data by Health and Social Care Information Centre**' code (Read CTV3: **XaaVL**).

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

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) _____

For Surgery Use Only:

Recode XaZ89 added to patient's records

Recode XaaVL added to patient's records