

## Dissent from secondary use of patient identifiable data

Dear Doctor,

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 or 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 v2: 9Nu4 or CTV3: XaaVL).

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

### 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) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

