

# Dissent from secondary use of patient information data

*Hand this letter to your GP if you are concerned about your data*

Dear Doctor,

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

Please take whatever steps necessary to ensure my/our [delete as appropriate] 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 (1) code (Read v2: 9Nu0 or CTV3) 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, I understand that it will not affect the care I/we receive and will notify you if I change my mind.

Yours sincerely

(signature)

Name \_\_\_\_\_

Date \_\_\_\_\_

## Information to help identify my records

Title Mr Mrs Miss Ms Dr (circle appropriate title)

First name \_\_\_\_\_

Surname/Family name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Post code \_\_\_\_\_

Date of birth \_\_\_\_\_

NHS number (if known) \_\_\_\_\_