

# CLARENCE MEDICAL CENTRE

WINDSOR

Vansittart Road, Windsor, Berkshire SL4 5AS

ROYAL HOLLOWAY COLLEGE

Royal Holloway University, Egham, Surrey TW20 0EX

## REGISTER YOUR TYPE 1 OPT-OUT PREFERENCE

The data held in your GP medical records is shared with other healthcare professionals for the purposes of your individual care. It is also shared with other organisations to support health and care planning and research. If you do not want your personally identifiable patient data to be shared outside of your GP practice for purposes except your own care, you can register an opt-out with your GP practice. This is known as a **Type 1 Opt-out**.

**Type 1 Opt-outs** may be discontinued in the future. If this happens, they may be turned into a National Data Opt-out. Your GP practice will tell you if this is going to happen and if you need to do anything. More information about the National Data Opt-out is here: <https://www.nhs.uk/your-nhs-data-matters/>

### You can use this form to:

- register a Type 1 Opt-out, for yourself or for a dependent (if you are the parent or legal guardian of the patient) (to Opt-out)
- withdraw an existing Type 1 Opt-out, for yourself or a dependent (if you are the parent or legal guardian of the patient) if you have changed your preference (Opt-in)

This decision will not affect individual care and you can change your choice at any time, using this form. This form, once completed, should be sent to your GP practice by email or post.

### PATIENT DETAILS

Title		Surname	
Forename(s)			
Address			
Phone Number (Home)		Mobile	
Date of Birth			
NHS Number (if known)			

### DETAILS OF PARENT OR LEGAL GUARDIAN

If you are filling in this form on behalf of a dependent, e.g. a child, the GP practice will first check that you have the authority to do so. Please complete the details below:

Name:	
Address:	
Relationship to Patient	

REGISTER YOUR TYPE 1 OPT-OUT PREFERENCE

**Your decision:**

**OPT-OUT**

I do not allow my identifiable patient data to be shared outside of the GP practice for purposes except my own care.

**OR**

I do not allow the above name patient's identifiable patient data to be shared outside of the GP practice for purposes except their own care. **(If completing form on behalf of a dependent)**

**WITHDRAW OPT-OUT (OPT-IN)**

I do allow my identifiable patient data to be shared outside of the GP practice for purposes beyond my own care.

**OR**

I do allow the above name patient's identifiable patient data to be shared outside of the GP practice for purposes beyond their own care. **(If completing form on behalf of a dependent)**

**Your Declaration:**

I confirm that:

1. The information I have given this form is correct
2. I am the parent or legal guardian of the dependent person I am making a choice for as set out above (if applicable).

<b>Signature:</b>	
<b>Print Name:</b>	
<b>Date Signed:</b>	

**When completed, please post or send by email on [wamccg.enquiries-cmc@nhs.net](mailto:wamccg.enquiries-cmc@nhs.net) to your GP practice**

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**For GP Practice Use Only**

<b>Date Received</b>		<b>Date Applied</b>	
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**Tick to select the codes applied:**

<b>Opt – Out - Dissent code: 9Nu0 (827241000000103</b> Dissent from secondary use of general practitioner patient identifiable data (finding)	
<b>Opt – In - Dissent withdrawal code: 9Nu1 (827261000000102</b> Dissent withdrawn for secondary use of general practitioner patient identifiable data (finding)	