



## Patient Information Opt OUT Form

If you do not want your information to be used for any purpose beyond providing your care please let us know by ticking the appropriate box below so we can code your record appropriately.

**Please complete in BLOCK CAPITALS**

Title \_\_\_\_\_ Surname/Family Name \_\_\_\_\_

Forename(s) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_ Phone No \_\_\_\_\_

Signature \_\_\_\_\_

**If you are filling this form out on behalf of another person or child, please ensure you fill out their details in the above section and your details below:**

Your name \_\_\_\_\_ Your signature \_\_\_\_\_

Relationship to patient \_\_\_\_\_ Date \_\_\_\_\_

**Type 1 Objection**

Dissent from secondary use of general practitioner patient identifiable data  
i.e. patient has opted out of their data leaving your practice for secondary uses

**Type 2 Objection**

Dissent from disclosure of personal confidential data by NHS Digital  
i.e. patient has opted out of their identifiable data leaving NHS Digital for secondary uses

**Summary Care Record (SCR) Opt Out**

Dissent from having a national shared record (SCR) i.e. patient does not want their information to be available to health professionals outside of the surgery

**My Care Record Opt out**

Dissent from patient data being accessed by health and social care professionals in Buckinghamshire based organisations, outside of the surgery

**Risk Stratification**

Dissent from secondary use of general practitioner anonymised patient data  
i.e. patient has opted out of their data leaving your practice for secondary uses