

## Type 1 Opt Out Form

Dear Doctor

I do NOT want my personal confidential data and personal confidential data of those for whom I am responsible (delete as appropriate) to be released by the Mid Devon Medical Practice for any purpose other than our medical care.

Please record my dissent by whatever means possible. This includes adding the 'Dissent from secondary use of GP patient identifiable data' code (827241000000103) to my record.

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

**Section A: Patient details.** It is important that you complete this section accurately and please use BLOCK CAPITALS

Full name:

Address:

Postcode:

Date of Birth:

NHS Number (if known)

Date:

Signature:

If you are filling out this form on behalf of another person or child, their GP practice will check that you have the authority to do so. Please ensure you fill out their details in section A and your details in section B.

## Section B

Your name:

Relationship to patient:

Your signature:

Date: