Date:

Dear GP,

I am writing to give notice that I refuse consent for my identifiable information to be released by you for any purpose other than my medical care.

Please take whatever steps necessary to ensure my 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 CVT3: XaZ89 or SNOMED CT: 827241000000103) to my record.

I am aware of the implications of this request, I understand that it will not affect the care I receive and I 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: ......................................................