

APPLETREE MEDICAL PRACTICE

Patient Health Records - Refusal to Consent – Type 1 Objection

Type 1 Objection: I am writing to give notice that I refuse consent for my identifiable information and the identifiable information of those for whom I am responsible (delete as appropriate) to be transferred from your practice systems for any purpose other than our individual 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 SNOMED 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.

Type 2 Objection (National Data Opt-out): I understand that if I do not want NHS Digital to share confidential patient information that they collect from across the health and care service for purposes other than for my individual care, I must visit <u>nhs.uk/your-nhs-data-matters</u> or call 0300 303 5678 to action my wishes.

Signature: Date:

Full Name	
Address	
Date of Birth	
NHS Number (If known)	