

Dissent from secondary use of GP patient identifiable data

Dear Granta Medical Practices

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 (please delete as appropriate) to be transferred from your practice systems for any purpose other than my medical care.

Please take whatever steps necessary to ensure my / our 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, CTV3: XaZ89 or SNOMED CT: 827241000000103) to my / our records.

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

Yours faithfully

Signature: _____ Date: _____

Information to help identify my records (please complete in BLOCK CAPITALS)

Title: _____ Surname/Family name: _____

Forename(s): _____

Address: _____

Postcode: _____

Date of birth: _____

NHS number (if known): _____

Please note there is space for any additional details overleaf

Please email your completed form to CAPCCG.contact.gmp@nhs.net or alternatively drop it off at any Granta site.