

# National Data OPT-OUT FORM

I request my GP take all reasonable actions to limit the secondary use of my confidential personal information as follows.

**Type 1. To stop your Patient Identifiable data leaving The Silverdale & Ryecroft Practice. 9Nu0**

I dissent from secondary use of GP patient identifiable data.

**Type 2. To stop NHS Digital using your information for care planning and research purposes.**

Patients can find out more and set their opt-out choice at [nhs.uk/your-nhs-data-matters](https://nhs.uk/your-nhs-data-matters) or by calling 0300 303 5678. Please note you are able to change your opt out choice at any time.

A. Please complete in **BLOCK CAPITALS**

Title..... Surname / Family name

.....

Forename(s)

.....

Address

.....

Postcode ..... Phone No ..... Date of birth  
...../...../.....

NHS number (if known)..... Signature

.....

---

B. If you are filling out this form on behalf of another person or child, their GP practice will consider this request. Please ensure you fill out their details in section A and your details in section B

Your name ..... Your signature

.....

Relationship to patient ..... Date .....

.....

---

*For Practice use: Actioned by GP Yes/No Initials..... Date.....*