

## Dissent from secondary use of patient identifiable data

Dear Doctor,

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 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) to my record as well as the '**Dissent from disclosure of personal confidential data by Health and Social Care Information Centre**' code (Read v2: 9Nu4 or CTV3: XaaVL).

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.

Yours Sincerely,

Name	
Date	

### Information to help identify my records

Title	
Surname	
Address	
Post Code	
Date of birth	
NHS number (if known)	

## Additional patients

Dear Doctor,

Please take whatever steps necessary to ensure the following people's confidential personal information is not uploaded from your practice and record my dissent on their behalf by whatever means possible.

Title	
Surname	
Address	
Post Code	
Date of birth	
NHS number (if known)	

Title	
Surname	
Address	
Post Code	
Date of birth	
NHS number (if known)	