**GP LEVEL DATA COLLECTION – OPTING OUT OR OPTING BACK IN CONSENT FORM**

I confirm that I have read the information provided regarding GP Level Data Collection and I wish the practice to take the following action regarding my records:

|  |  |
| --- | --- |
| FULL NAME OF PATIENT |  |
| ADDRESS |  |
| DATE OF BIRTH |  |
| PHONE NUMBER |  |
| Your Name (if you are not the patient above) |  |
| YOUR RELATIONSHIP TO THE PATIENT (e.g. Parent) |  |
| SIGNED |  |
| DATE |  |

**OPTING OUT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PATIENT ACTION** | | | **PRACTICE ACTION** | | | |
|  | **ACTION** | **TICK AS APPROPRIATE** | **CODE REQUIRED** | **CODE DESCRIPTION** | **DATE ADDED** | **INITIAL & SEND TO SCAN** |
| **OPTING OUT** | Prevent Personal Confidential Data (PCD) leaving the GP practice |  | XaZ89 | Dissent from secondary use of GP patient identifiable data |  |  |
| Prevent PCD leaving the Health & Social Care Information Centre (NHS Digital) |  | XaaVL | Dissent from disclosure of personal confidential data by Health & Social Care Information Centre (NHS Digital) |  |  |

**OPTING BACK IN**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **PATIENT ACTION** | | **PRACTICE ACTION** | | | |
|  | **ACTION** | **TICK AS APPROPRIATE** | **CODE REQUIRED** | **CODE DESCRIPTION** | **DATE ADDED** | **INITIAL & SEND TO SCAN** |
| **OPTING BACK IN** | Remove the block on Personal Confidential Data (PCD) leaving the GP practice |  | XaZ8A | Withdraw dissent from secondary use of  GP patient identifiable |  |  |
| Remove the block on PCD leaving the Health & Social Care Information Centre (NHS Digital) |  | XaaVM | Dissent withdrawn from disclosure of personal  confidential data by Health & Social Care Information Centre (NHS Digital) |  |  |