**Register your Type 1 Opt-out preference**

The data held in your GP medical records is shared with other healthcare professionals for the purposes of your individual care. It is also shared with other organisations to support health and care planning and research.

If you do not want your personal identifiable patient data to be shared outside of your GP practice for purposes except your own care, you can register an opt-out with your GP practice. This is known as a Type 1 Opt-out.

Type 1 Opt- out may be discontinued in the future. If this happens then they may be turned into a National Data Opt-out. Your GP practice will tell you if this is going to happen and if you need to do anything. More information about the national Data Opt-out is here: [National data opt-out - NHS Digital](https://digital.nhs.uk/services/national-data-opt-out) You can use this form to:

* Register a Type 1 Opt-out for yourself or for a dependent (if you are the parent or legal guardian of the patient) (to Opt-out)
* Withdraw an existing Type 1 Opt-out for yourself or a dependent (if you are the parent or legal guardian of the patient) if you have changed your preference (opt-in)

This decision will not affect individual care and you can change your choice at any time, using this form. This form, once completed should be sent to your GP practice by email or post.

**Details of the patient**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Title** |  | | | | | | | | | |
| **Forename(s)** |  | | | | | | | | | |
| **Surname** |  | | | | | | | | | |
| **Address** |  | | | | | | | | | |
| **Phone number** |  | | | | | | | | | |
| **Date of birth** |  | | | | | | | | | |
| **NHS Number (if known)** |  |  |  |  |  |  |  |  |  |  |

**Details of parent or legal guardian**

If you are filling in this form on behalf of a dependant e.g. a child, the GP practice will first check that you have the authority to do so. Please complete the details below:

|  |  |  |
| --- | --- | --- |
| **Name** |  |  |
| **Address** |  | |
| **Relationship to patient** |  | |