

## Patient Opt Out Request for all data sharing

Dear Doctor / Practice Manager,

I would be grateful if you would ensure that none of my records held by you are uploaded to other systems where they are made available to view by anybody outside the Practice. Would you please file or scan a copy of this letter into my records and also record my opt out by entering the following Read code into my records held by you:

### **9Nd1. No consent for electronic record sharing**

I understand that I can opt in to data sharing at any time in the future; and if and when I choose to do so, I will inform you.

I am not objecting to my surgery maintaining and updating my surgery based computerised medical records that are essential for my doctor to provide me with appropriate and effective medical care.

This request is itself confidential. Please do not divulge my decision, in an identifiable manner, to anyone other than to clinicians who are providing care to me.

I am aware that I can, at any time in the future, request confirmation that my opt-out request has been accepted, or that I can check with my doctor that my opt-out has been registered in my notes.

Thank you.

### **Completed and signed by patient:**

<b>Name</b>	
<b>Post Code</b>	
<b>Date of Birth</b>	
<b>Signature</b>	
<b>Date</b>	

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### **Completed and signed on behalf of the practice:**

<b>Doctor / Practice Manager Name</b>	<b>Signature</b>	<b>Date</b>