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**Register your Type 1 Opt-Out Preference**

In addition to sharing your GP medical records with other healthcare professionals to support your direct care, it is also shared with other organisations to support health and care planning and research. This use of your data for purposes beyond your direct care is sometimes referred to as ‘secondary purposes. More information about why patient data is needed to support this work is available on the [**NHS Digital website**](https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/general-practice-data-for-planning-and-research).

If you don’t want your identifiable patient data to be shared for purposes except for your own care, you can opt-out by registering a Type 1 Opt-out by completing the form below, or a [**National Data Opt-out**](https://www.nhs.uk/your-nhs-data-matters/manage-your-choice/), or both. More information about how NHS Digital uses patient data can be found at: [**digital.nhs.uk/general-practice-data-for-planning-and-research**](https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/general-practice-data-for-planning-and-research)

You can use this form to:

* register a Type 1 Opt-out, for yourself or for a dependant (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 dependant (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.

**Required field(s) are indicated by \***

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Register your Type 1 Opt-Out Preference

**Register your Type 1 Opt-Out Preference**

Are you completing this form on behalf of:

Yourself

Someone else (e.g. a child or dependent)

Your First Names:

Your Last Name:

Your Date of Birth:

Your Phone Number:

Your Email:

Address:

Postcode:

NHS Number:

**Your Decision**

**Please select one of the following: \***

Opt Out: I do not allow my identifiable patient data to be shared outside of the GP practice for purposes except my own care. Or I do not allow the patient above's identifiable patient data to be shared outside of the GP practice for purposes except their own care.

Withdraw Opt-Out (Opt-In): I do allow my identifiable patient data to be shared outside of the GP practice for purposes beyond my own care. Or I do allow the patient above's identifiable patient data to be shared outside of the GP practice for purposes beyond their own care

**Your Declaration**

**I confirm that: \***

The information I have given in this form is correct

**Please select one of the following: \***

I am completing this form for myself

I am the parent or legal guardian of the dependent person I am making a choice for

This form can be printed and sent in to the practice or emailed to [shere.surgery@nhs.net](mailto:shere.surgery@nhs.net)

This should be done by 30th June 2021