**CORFE CASTLE SURGERY**

**PATIENT REQUEST TO OPT OUT**

Patient Name: ……………………………………….……………………………………….

DOB: ……………………………………….……………………………………….

I confirm I have received sufficient information from my GP Practice.

This is my authorisation confirming I wish to opt as follows:

I do not wish to have an Enhanced Summary Care Record 🞏

 (FOR INTERNAL USE *Code XaXj6 – Express dissent from Summary Care Record dataset upload*)

I do not wish for my data to leave the GP Practice to NHS Digital (Type 1 opt out) 🞏

 (FOR INTERNAL USE *Code XaZ89 – Dissent from secondary use of GP patient identifiable data*)

I do not wish for my data to leave the GP Practice for Medical Research 🞏

 (FOR INTERNAL USE *Code XaZ89 – Dissent from secondary use of GP patient identifiable data*)

I do not wish for my SystmOne/TPP record to be shared with other services I am using 🞏

(FOR INTERNAL USE Record Sharing – Sharing Out “No” and Sharing In “Consent Refused”)

Signed: ……………………………………….……………………………………….

Date: ……………………………………….……………………………………….

For Office Use Only - Opt Out Request:

Request Actioned by: …………………… Date: …………………….

For scanning: 🞏