

Patient Health Records – Refusal to Consent to Sharing Records for Third Party

Third party consent can only be given by someone who has legal authority:

- A person with parental responsibility if the child is aged under 13
- Power of Attorney
- Guardian appointed by Court of Protection

Type 1 Objection

Patient Name Date of Birth.....

Address.....

NHS Number (if known).....

I refuse consent for the patient listed above to have their identifiable information to be transferred from your practice systems for any purpose other than their individual medical care*. Please take whatever steps necessary to ensure their confidential personal information is not uploaded and record my dissent by whatever means possible. This includes adding the 'Dissent from secondary use of GP patient identifiable data' code to their record.

I am aware of the implications of this request, understand that it will not affect the care they receive and will notify you should I change my mind.

Type 2 Objection (National Data Opt-out)

I understand that if I do not want NHS Digital to share confidential patient information that they collect regarding the above named person from across the health and care service for purposes other than for individual care, I must visit [nhs.uk/your-nhs-data-matters](https://www.nhs.uk/your-nhs-data-matters) or call 0300 303 5678 to make this request.

Signature: Date:

Full Name:

Address:

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Please note that if we do not have a copy of Power of Attorney or Guardianship order on file, you will be asked to provide a copy.

*this applies to data processed under regulation 5 of the Health Service (Control of Patient Information) Regulations 2002 (also known as section 251 approval) unless there is a specific exemption in place. See <https://www.nhs.uk/your-nhs-data-matters/where-your-choice-does-not-apply/>