

National Data Opt-out - Your Data Matters to the NHS

Advancement in IT Technology now means that GP Clinical Systems now have the ability to share electronic data about you with other clinical services. By completing this form you can decide if you want to take part in sharing of data with other health care clinicians.

It's your decision, your choice

If you're happy for your medical records to be extracted and shared, you don't need to do anything.

Information about your health and care helps the NHS to improve your individual care, speed up diagnosis, plan your local services and research new treatments.

NHS Digital

In May 2018, the strict rules about how this data can and cannot be used were strengthened. The NHS is committed to keeping patient information safe and always being clear about how it is used.

You can choose whether your confidential patient information is used for research and planning.

Type 1 Opt-out

I confirm that I do not want my identifiable data being shared or used for any purpose other than providing my individual care, except in exceptional circumstances.

I understand that there are times when, by law, my GP Practice may have to release information about me (for example, if there is a public health emergency).

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Type 2 Opt-out: information held by NHS Digital

A Type 2 opt-out is an objection that prevents an individual's personal confidential information from being shared outside of NHS Digital that is used for research and planning.

Previously you could tell your GP surgery if you did not want NHS Digital to share confidential patient information that is collected from across the health and care service for purposes other than your individual care. This was called a type 2 opt-out.

From 25 May 2018 the type 2 opt-out has been replaced by the national data opt-out. Type 2 opt-outs that have been recorded previously have been automatically converted to national data opt-outs.

To find out more or to make your choice visit: nhs.uk/your-nhs-data-matters or call **0300 303 5678**

To Oak Vale Medical Centre : Please accept this form and my opinions around the various types of data sharing, and enter my decisions on mine or my child's GP patient record.

Patient Name..... DOB.....

Print Name Signed..... Date.....