

Patient's details

Please complete in BLOCK CAPITALS and tick ☒ as appropriate

☐ Mr ☐ Mrs ☐ Miss ☐ Ms

Surname

Date of birth

First names

NHS
No.

Previous surname/s

☐ Male ☐ Female

Town and country
of birth

Home address

Postcode

Telephone number

Please help us trace your previous medical records by providing the following information

Your previous address in UK

Name of previous GP practice while at that address

Address of previous GP practice

If you are from abroad

Your first UK address where registered with a GP

If previously resident in UK,
date of leaving

Date you first came
to live in UK

Were you ever registered with an Armed Forces GP

Please indicate if you have served in the UK Armed Forces and/or been registered with a Ministry of Defence GP in the UK or overseas: ☐ Regular ☐ Reservist ☐ Veteran ☐ Family Member (Spouse, Civil Partner, Service Child)

Address before enlisting:

Postcode

Service or Personnel number: Enlistment date: DD MM YY Discharge date: DD MM YY (if applicable)

Footnote: These questions are optional and your answers will not affect your entitlement to register or receive services from the NHS but may improve access to some NHS priority and service charities services.

If you need your doctor to dispense medicines and appliances*

*Not all doctors are
authorised to
dispense medicines

- ☐ I live more than 1.6km in a straight line from the nearest chemist
- ☐ I would have serious difficulty in getting them from a chemist

☐ Signature of Patient

☐ Signature on behalf of patient

Date ____/____/____

NHS Organ Donor registration

I want to register my details on the NHS Organ Donor Register as someone whose organs/tissue may be used for transplantation after my death. Please tick the boxes that apply.

- ☐ Any of my organs and tissue or
- ☐ Kidneys ☐ Heart ☐ Liver ☐ Corneas ☐ Lungs ☐ Pancreas

Signature confirming my consent to join the NHS Organ Donor Register

Date ____/____/____

Please tell your family you want to be an organ donor. If you do not want to be an organ donor, please visit www.organdonation.nhs.uk or call 0300 123 23 23 to register your decision.

NHS Blood Donor registration

I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood.

Tick here if you have given blood in the last 3 years ☐

Signature confirming my consent to join the NHS Blood Donor Register

Date ____/____/____

My preferred address for donation is: (only if different from above, e.g. your place of work)

Postcode:

All blood types are needed, especially O negative and B negative. Visit www.blood.co.uk or call 0300 123 23 23.

NHS England use only

Patient registered for

☐ GMS

☐ Dispensing

To be completed by the GP Practice

Practice Name:

Practice Code:

☐ I have accepted this patient for general medical services on behalf of the practice

☐ I will disperse medicines/appliances to this patient subject to NHS England approval.

I declare to the best of my belief this information is correct

Authorised Signature

Name

Date: / /

Practice Stamp

SUPPLEMENTARY QUESTIONS - These questions and the patient declaration are optional and your answers will not affect your entitlement to register or receive services from your GP.

PATIENT DECLARATION for all patients who are not ordinarily resident in the UK

Anybody in England can register with a GP practice and receive free medical care from that practice. However, if you are not 'ordinarily resident' in the UK you may have to pay for NHS treatment outside of the GP practice. Being ordinarily resident broadly means living lawfully in the UK on a properly settled basis for the time being. In most cases, nationals of countries outside the European Economic Area must also have the status of 'indefinite leave to remain' in the UK. Some services, such as diagnostic tests of suspected infectious diseases and any treatment of those diseases are free of charge to all people, while some groups who are not ordinarily resident here are exempt from all treatment charges. More information on ordinary residence, exemptions and paying for NHS services can be found in the Visitor and Migrant patient leaflet, available from your GP practice. You may be asked to provide proof of entitlement in order to receive free NHS treatment outside of the GP practice, otherwise you may be charged for your treatment. Even if you have to pay for a service, you will always be provided with any immediately necessary or urgent treatment, regardless of advance payment. The information you give on this form will be used to assist in identifying your chargeable status, and may be shared, including with NHS secondary care organisations (e.g. hospitals) and NHS Digital, for the purposes of validation, invoicing and cost recovery. You may be contacted on behalf of the NHS to confirm any details you have provided. Please tick one of the following boxes:

- ☐ I understand that I may need to pay for NHS treatment outside of the GP practice
- ☐ I understand I have a valid exemption from paying for NHS treatment outside of the GP practice. This includes for example, an EHIC, or payment of the Immigration Health Charge ("the Surcharge"), when accompanied by a valid visa. I can provide documents to support this when requested
- ☐ I do not know my chargeable status

I declare that the information I give on this form is correct and complete. I understand that if it is not correct, appropriate action may be taken against me.

A parent/guardian should complete the form on behalf of a child under 16.

Signed:		Date:	DD MM YY
Print name:		Relationship to patient:	
On behalf of:			

Complete this section if you live in another EEA country, or have moved to the UK to study or retire, or if you live in the UK but work in another EEA member state. Do not complete this section if you have an EHIC issued by the UK. **NON-UK EUROPEAN HEALTH INSURANCE CARD (EHIC), PROVISIONAL REPLACEMENT CERTIFICATE (PRC) DETAILS and S1 FORMS**

Do you have a non-UK EHIC or PRC?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	If yes, please enter details from your EHIC or PRC below:
Country Code:		
3: Name		
4: Given Names		
5: Date of Birth		DD MM YYYY
6: Personal Identification Number		
7: Identification number of the institution		
8: Identification number of the card		
9: Expiry Date		DD MM YYYY
PRC validity period (a) From:	DD MM YYYY	(b) To: DD MM YYYY

If you are visiting from another EEA country and do not hold a current EHIC (or Provisional Replacement Certificate (PRC))/S1, you may be billed for the cost of any treatment received outside of the GP practice, including at a hospital.

Please tick ☐ if you have an S1 (e.g. you are retiring to the UK or you have been posted here by your employer for work or you live in the UK but work in another EEA member state). Please give your S1 form to the practice staff.

How will your EHIC/PRC/S1 data be used? By using your EHIC or PRC for NHS treatment costs your EHIC or PRC data and GP appointment data will be shared with NHS secondary care (hospitals) and NHS Digital solely for the purposes of cost recovery. Your clinical data will not be shared in the cost recovery process. Your EHIC, PRC or S1 information will be shared with The Department for Work and Pensions for the purpose of recovering your NHS costs from your home country.

REGISTRATION FORM (5+)
PLEASE WRITE CLEARLY AND IN BLOCK LETTERS

Today's Date..... Have you been registered here before? Yes / No

Current details:

Surname:.....Forename(s):.....

Gender:
Male / Female

D.o.B.....NHS No:.....

Marital Status: Married/Single/Divorced/Widowed

Current Address: Temp/permanent (delete as applicable)

Post code:

Home Tel No.

Mobile No:

Occupation

Work No:

Email address:.....

We will send you an email to confirm your registration with the practice and notify you of your named GP. We may also email you if we have been unable to contact you by phone or to notify you of services that we offer e.g. flu clinic dates, practice newsletters etc. **We will never disclose medical information using email.**

(OFFICE USE: No email: inform patient of named GP.)

Town & Country of Birth:.....

If you are from abroad: Date you first came to live in the UK:.....

Your first UK address where registered with a GP:

.....

If previously resident in UK, date of leaving:.....

Previous details:

Surname:.....Forename(s):.....

Previous Address: Temp/permanent (delete as applicable)

..... Post Code:.....

GP Name and Surgery:

Tel No:

Are you a Registered Carer? (.918A) **YES/NO** If so, for whom:.....
(please ask at reception for a carer's registration form)

Communication Needs:

We want to get better at communicating with our patients. If you need someone to support you at appointments because of a disability or sensory impairment, please let us know below:

Do you need information in braille, large print or easy read?.....

Do you need a British Sign Language interpreter or advocate?.....

Do you lip read or use a hearing aid or communication tool?.....

Can you explain what support would be helpful?

.....

NHS Electronic Prescription Service (EPS) Patient Nomination

The prescription is an electronic message sent directly to your nominated pharmacy. **EPS is reliable, secure and confidential.** Your electronic prescription will be seen by the same people in GP practices, pharmacies and NHS prescription payment and fraud agencies that see your paper prescription now.

You can change your nomination or cancel it and get a paper prescription. If you don't want your prescription to be sent electronically just tell your GP/Nurse. If you want to change or cancel your nomination speak to any pharmacist that offers EPS, or your GP practice. Tell them before your next prescription is due or your prescription may be sent to the wrong place.

The benefits of EPS are:

- The prescription is an electronic message so there is **no paper prescription to lose.**
- Your GP or Nurse will be able to send the prescription electronically to the pharmacy of your choice.
- If the prescription needs to be cancelled the GP/Nurse can **electronically cancel and issue a new prescription** without you having to return to the practice.
- **You may not have to wait as long at the pharmacy** as your repeat prescriptions can be made ready before you arrive. Electronic prescriptions cannot be lost so you won't have to spend time trying to find them or asking the surgery to issue another paper prescription.
- No need to go back to the pharmacy for medication that is owed to you, as the pharmacy will know what you need in advance

Please indicate below your nominated pharmacy:

- I am the patient named above / carer of the patient named above (delete as appropriate)
- I would like to nominate the following pharmacy for dispensing prescriptions issued by the NHS Electronic Prescription Service: (Please tick as appropriate)

- | | |
|---|---|
| <ul style="list-style-type: none"><input type="checkbox"/> Apollo, Milton Park<input type="checkbox"/> Avicenna, Stert St, Abingdon<input type="checkbox"/> Boots, Bury Street, Abingdon<input type="checkbox"/> Consult Spring Road, Abingdon<input type="checkbox"/> Jhoots, Bury St, Abingdon.<input type="checkbox"/> Lloyds, Peachcroft, Abingdon | <ul style="list-style-type: none"><input type="checkbox"/> North Abingdon, Loyd Close, Abingdon<input type="checkbox"/> Reynolds Way, Abingdon<input type="checkbox"/> Tesco, In store Pharmacy, Abingdon<input type="checkbox"/> Wootton, Besselsleigh Road, Wootton<input type="checkbox"/> _____ |
|---|---|

To help us understand the needs of our patient population please tick the box below which best describes your cultural and ethnic origin: (Codes used as per 2001 census)

White	Mixed	Asian or Asian British	Black	Other Ethnic Groups
<input type="checkbox"/> British .9i0.	<input type="checkbox"/> White & Black Caribbean .9i3.	<input type="checkbox"/> Indian .9i7.	<input type="checkbox"/> Caribbean .9iB.	<input type="checkbox"/> Chinese .9iE.
<input type="checkbox"/> Irish .9i1.	<input type="checkbox"/> White & Black African .9i4.	<input type="checkbox"/> Pakistani .9i8.	<input type="checkbox"/> African .9iC.	<input type="checkbox"/> Other ethnic group .9iFK.
<input type="checkbox"/> Other White origin .9i2.	<input type="checkbox"/> White & Asian .9i5.	<input type="checkbox"/> Bangladeshi .9i9.	<input type="checkbox"/> Other Black origin .9iD.	
	<input type="checkbox"/> Other mixed background .9i6.	<input type="checkbox"/> Other Asian background .9iA.		

If you do not wish to have your ethnicity recorded in your medical notes please tick the box below:

☐ Ethnic group refused by patient (.9SD.)

Please tick the box below to indicate your First Language Spoken (listed in alphabetical order)

<input type="checkbox"/> Arabic .13i0.	<input type="checkbox"/> Bengali .13i1.	<input type="checkbox"/> Cantonese .13i2.	<input type="checkbox"/> Croatian .13iT.	<input type="checkbox"/> Dutch .13if.	<input type="checkbox"/> English .13i4.	<input type="checkbox"/> French .13i5.
<input type="checkbox"/> German .13iR.	<input type="checkbox"/> Hebrew .13iI.	<input type="checkbox"/> Hindi .13i8.	<input type="checkbox"/> Italian .13iQ.	<input type="checkbox"/> Japanese .13iW.	<input type="checkbox"/> Korean .13iX.	<input type="checkbox"/> Kurdish .13iN.
<input type="checkbox"/> Mandarin .13iB.	<input type="checkbox"/> Norwegian .13iq.	<input type="checkbox"/> Polish .13iC.	<input type="checkbox"/> Portuguese .13iD.	<input type="checkbox"/> Punjabi .13iE.	<input type="checkbox"/> Russian .13iF.	<input type="checkbox"/> Serbian .13it.
<input type="checkbox"/> Sinhala .13iu.	<input type="checkbox"/> Spanish .13iI.	<input type="checkbox"/> Swahili .13iv.	<input type="checkbox"/> Swedish .13iw.	<input type="checkbox"/> Tagalog .13iw.	<input type="checkbox"/> Tamil .13iK.	<input type="checkbox"/> Thai .13ix.
<input type="checkbox"/> Turkish .13iZ.	<input type="checkbox"/> Urdu .13iL.	<input type="checkbox"/> Vietnamese .13ib.	<input type="checkbox"/> Welsh .13iz.	<input type="checkbox"/> Sign Language (British).13ZM		
<input type="checkbox"/> Other: Please state						

Office use only:

- Ethnic category not stated: add code: .9iG.
- Language not stated: add code: .13ZE
- Communication needs: add relevant read code: e.g. BSL / Lipreading / Hard of Hearing / media in different format? E.g. Braille / Blind / Low Vision / Easyread

If you would like to register on the **NHS Organ Donor Register** please ask at Reception for an information leaflet or visit the website www.organdonation.nhs.uk or call 0300 123 23 23

Please Continue on next page:

Your Medical History:	Do you have or have you suffered from:		
Asthma	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Date of Diagnosis
Diabetes	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Date of Diagnosis
High Blood Pressure	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Date of Diagnosis
Stroke / TIA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Date of Diagnosis
Heart Attack	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Date of Diagnosis
Angina	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Date of Diagnosis
Epilepsy	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Date of Diagnosis
Cancer	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Date of Diagnosis
Hepatitis B	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Date of Diagnosis
Hepatitis C	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Date of Diagnosis
HIV	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Date of Diagnosis

Your Medication: Are you currently taking any regular medication? ☐ YES ☐ NO

If 'yes', please list with doses if possible

Your Allergies: Are you allergic to anything? ☐ YES ☐ NO

If 'yes' what?

What symptoms do you have?

Women only: Have you had a cervical smear test? ☐ YES ☐ NO

If 'yes', please give the date and where (e.g. GP surgery):

Are you using contraception? ☐ YES ☐ NO

If 'yes', what method?

Have you had a hysterectomy? ☐ YES ☐ NO

If 'yes' please give the year:

Family Medical History: Does any of your family suffer from?					
Asthma	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Diabetes	<input type="checkbox"/> YES	<input type="checkbox"/> NO
High Blood Pressure	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Stroke / TIA	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Heart Attack	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Angina	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Epilepsy	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Cancer	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Under 14s

Please provide a copy of immunisation history. Either UK (Red Book) or Overseas records.

Please continue on the next page if the patient is aged 14 years+

Life Style Questionnaire – Aged 14 years +

Your Height.....

Your Weight.....

Please ask to use our BMI Station which measures your height, weight and Body Mass Index

Weight	Are you happy with your weight?		
	If you are not happy with your weight would you be interested in help and advice on managing your weight?		
Smoking	Quantity per day		
Yes / No	Cigarettes / Tobacco Number.....	Cigars Number.....	PipeGrams
If Yes: Would you be interested in seeing a smoking cessation advisor?			
Ex-Smokers	When did you stop smoking? How many cigarettes/tobacco were you smoking per day?..... How many cigars were you smoking per day?		

Alcohol: OVER 16s only

Do you drink alcohol? Yes / No If you answer Yes please complete the following sections:

What do you drink? Beerpints/week / Spirits.....tots/week / Wine.....glasses/week

	Scoring System					Your score
	0	1	2	3	4	
How often do you have a drink that contains alcohol?	Never	Monthly or less	2-4 times per month	2 – 3 times per week	4+ times per week	
How many standard alcoholic drinks do you have on a typical day when you are drinking?	1-2	3-4	5-6	7-8	10+	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

If you would like to have a **new patient health check** please contact reception and arrange an appointment with our Health Care Assistant.

Signed: **Date:**

Thank you for completing this questionnaire. If the doctor or nurse would like to discuss any of your answers with you we will be in contact with you at a later date.

Long Furlong Medical Centre

Online Services Records Access Patient information leaflet 'It's your choice'

If you wish to, you can now use the internet to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at your medical record online.

- You can still telephone or call in to the surgery to arrange your appointment or request a copy of your test results, immunisations, medication or summary of your medical record if needed.
- If you do not have access to a computer but need to order repeat prescriptions you can do this by dropping the request off at Reception or in our post box, your local pharmacy or faxing it to us on 01235 536321. It's your choice (NB: We only accept prescription requests over the phone in exceptional circumstances e.g. IT failure or from those patients who are on our housebound register.)

Being able to see your record online might help you to manage your medical conditions. It also means that you can even access it from anywhere in the world should you require medical treatment on holiday. If you decide not to join or wish to withdraw, this is your choice and practice staff will continue to treat you in the same way as before. This decision will not affect the quality of your care.

You will be given login details, so you will need to think of a password which is unique to you. This will ensure that only you are able to access your record – unless you choose to share your details with a family member or carer.

Information Security

The information you view in the Patient Access Medical Record Viewer comes from the clinical system at the practice. This information is encrypted and sent securely from the practice system to your PC web browser. This means that it is very difficult for anyone else to intercept and read the information.

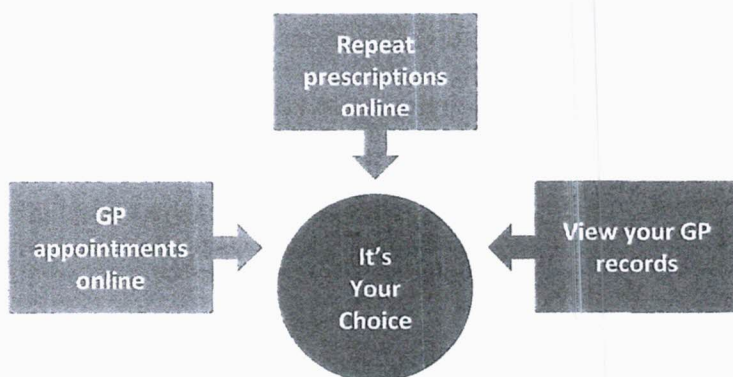
Before we set up your account you will be required to complete a registration form and produce two forms of ID: one photographic e.g.

passport or driving licence and the second which confirms your address e.g. utility bill or council tax bill. Once checked by the receptionist, they will be returned to you immediately.

It will be your responsibility to keep your login details and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately.

If you can't do this for some reason, we recommend that you contact the practice so that they can remove online access until you are able to reset your password.

If you print out any information from your record, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.



The practice has the right to remove online access to services for anyone that doesn't use them responsibly.

Before you apply for online access to your record, there are some other things to consider.

Although the chances of any of these things happening are very small, you will be asked that you have read and understood the following before you are given login details.

Things to consider

Forgotten history There may be something you have forgotten about in your record that you might find upsetting.
Abnormal results or bad news If your GP has given you access to test results or letters, you may see something that you find upsetting to you. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them.
Choosing to share your information with someone It's up to you whether or not you share your information with others – perhaps family members or carers. It's your choice, but also your responsibility to keep the information safe and secure.
Coercion If you think you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for access at this time.
Misunderstood information Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your medical record may be highly technical, written by specialists and not easily understood. If you require further clarification, please contact the surgery for a clearer explanation.
Information about someone else If you spot something in the record that is not about you or notice any other errors, please log out of the system immediately and contact the practice as soon as possible.

More information

For more information about keeping your healthcare records safe and secure, you will find a helpful leaflet produced by the NHS in conjunction with the British Computer Society:

Keeping your online health and social care records safe and secure

<http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf>

Long Furlong Medical Centre

Patient Online Access - Registration Form

The account is securely controlled using passwords, personal identification numbers, and security questions. Using the same account, from **1 April 2015**, those patients who would like to, are able to request access to view parts of their medical record online including medications, allergies and adverse reactions. As a practice we have decided to extend this to include immunisations and test results.

If you would like to register to use our on-line services, known as Patient Access, please read the attached patient information leaflet then complete this form and hand it to the receptionist with **two forms of ID: one should be photographic e.g. passport or driving licence, the second should confirm your address. The receptionist will check the documents and return them to you immediately.**

Access to a child's record will be granted to parents/guardians (known as Proxy Access) until the child is 11 years. From the child's 12th birthday access will be limited to ordering prescriptions and arranging appointments.

On the 16th birthday access will computer system will automatically remove all remaining proxy access except where the young person is competent and has given explicit consent to the access.

Surname	Date of birth
First name	
Address	
Postcode	
Email address	
Telephone number	Mobile number

I wish to have access to the following online services (please tick all that apply):

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my medical record	<input type="checkbox"/>

I wish to access my medical record online and understand and agree with each statement (tick)

1. I have read and understood the information leaflet provided by the practice	<input type="checkbox"/>
2. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
3. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	<input type="checkbox"/>
5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	<input type="checkbox"/>

Signature	Date
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For practice use only

Patient NHS number		
Identity verified by (initials)	Date	Method <input type="checkbox"/> Vouching / <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence
Authorised by		Date
Date account created		
Level of record access enabled <input type="checkbox"/> Prospective <input type="checkbox"/> Retrospective <input type="checkbox"/> All <input type="checkbox"/> Limited parts <input type="checkbox"/> Contractual minimum		Notes / explanation

Type 1 Opt-out (opting out of NHS Digital collecting your data)

NHSD will not collect data from GP practices about patients who have **registered a Type 1 Opt-out with their practice**. More information about Type 1 Opt-outs is in the GP Data for Planning and Research Transparency Notice, including a form that you can complete and send to your GP practice.

This collection will start on 1 July 2021 so if you do not want your data to be shared with NHS Digital, please register your Type 1 Opt-out with your GP practice by **23 June 2021**.

If you register a Type 1 Opt-out after this collection has started, no more of your data will be shared with NHSD. They will however still hold the patient data which was shared before you registered the Type 1 Opt-out.

If you **do not want NHS Digital to share your identifiable patient data with anyone else** for purposes beyond your own care, then you can also register a National Data Opt-out.

National Data Opt-out (opting out of NHS Digital sharing your data with other organizations)

NHSD will collect data from GP medical records about patients who have registered a National Data Opt-out. The National Data Opt-out applies to identifiable patient data about your health, which is called confidential patient information.

NHS Digital won't share any confidential patient information about you - this includes GP data, or other information, such as hospital data - with other organisations, unless there is an exemption to this.

To find out more information and how to register a National Data Opt-Out, please read NHSD GP Data for Planning and Research Transparency Notice.

= <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/general-practice-data-for-planning-and-research/transparency-notice>

If you do not want your personally identifiable patient data to be shared outside of your GP practice for purposes except your own care, you can register an opt-out with your GP practice. This is known as a Type 1 Opt-out.

You can use this form to:

- register a Type 1 Opt-out, for yourself or for a dependent (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 dependent (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. This form, once completed, should be sent to your GP practice by email or post.

[illegible]

Details of parent or legal guardian

If you are filling in this form on behalf of a dependent e.g. a child, the GP practice will first check that you have the authority to do so. Please complete the details below:

Name	
Address	
Relationship to patient	

Your decision

☐

Opt-out

I do not allow my identifiable patient data to be shared outside of the GP practice for purposes except my own care.

☐

Withdraw Opt-out (Opt back in)

I do allow my identifiable patient data to be shared outside of the GP practice for purposes beyond my own care.

Your declaration

I confirm that:

- the information I have given in this form is correct
- I am the parent or legal guardian of the dependent person I am making a choice for set out above (if applicable)

Signature

--

Date signed

--

When complete, please post or send by email to receptionists.longfurlong@nhs.net

For GP Practice Use Only

Date received		
Date applied		
Tick to select the codes applied	Opt – Out - Dissent code: 9Nu0 (827241000000103 Dissent from secondary use of general practitioner patient identifiable data (finding))	
	Opt – In - Dissent withdrawal code: 9Nu1 (827261000000102 Dissent withdrawn for secondary use of general practitioner patient identifiable data (finding))	