



**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:

<b>Name</b>	
<b>Address</b>	
<b>Relationship to patient</b>	

**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.

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
- 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 your GP practice***

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**For GP Practice Use Only**

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 9Nu1 (827261000000102  Dissent withdrawn for secondary use of general practitioner patient identifiable data (finding) )	