

Brampton Medical Practice

The Surgery, 4 Market Place, Brampton, Cumbria, CA8 1NL
Telephone (016977) 2551. Fax (016977) 41944
www.bramptonmedicalpractice.com

Dissent from secondary use of patient identifiable data.

Dear Doctor

I am writing to give notice that I refuse consent for my identifiable information to be transferred from your practice system for any purpose other than my medical care.

Please take whatever steps necessary to ensure my confidential personal information is not uploaded and record my dissent by whatever means possible.

Title _____ **Surname/Family name** _____

Forename(s) _____

Address _____

Postcode _____

Date of Birth _____

NHS Number(if known) _____

- 1) Dissent from secondary use of GP identifiable data (Read V2: 9Nu0)

Signature _____ **Date** _____

- 2) Dissent from disclosure of personal confidential data by Health and Social Care Information Centre (Read v2: 9Nu4)

Signature _____ **Date** _____