

TYPE 1 OPT OUT FORM – MEDICAL RECORDS

Dear Roseland Surgeries

I do not wish to allow my medical records to be used for any purpose other than my medical care.

Please ensure my dissent to secondary uses is recorded which includes adding the following code to my GP record:

Type 1 objection:

*dissent from secondary use of GP patient identifiable data
XaZ89*

I understand that I can opt back in to any or all of these at any time in the future.

Name:..... DoB:.....
(please print in capital letters)

Signature:..... Dated