**Data Sharing Opt Out Form**

The data held in your GP medical records is shared with other healthcare professionals for the purposes of your individual care. It is also shared with other organisations to support health and care planning and research. More information can be found in our Privacy Notice.

If you do not want your confidential identifiable data to be shared outside of your GP practice for purposes except your own care, you can register your opt out preferences at any time.

There are four types of opt outs.

1. **Type 1 Opt-Out** – This will prevent your data leaving the practice for any secondary use – such as research and service planning (for example, via the GP Data for Planning and Research data collection or CHIA). You should inform the practice using this form if you do not want your clinical data to leave the practice for any reason other than your direct health care. Please be aware that this may prevent your information being seen by clinicians providing treatment outside of the practice or in an emergency. More information is available at <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/general-practice-data-for-planning-and-research>
2. **Summary Care Record (SCR)** – You can opt out of sharing basic summary information from your GP record, which will prevent healthcare professionals outside of the practice accessing your data should it be required, such as community nurses.  You should inform the practice using this form if you do not want your clinical data to leave the practice to support your direct care. You can also consent to sharing additional information from your record to assist in the provision of care. More information is available here - <https://digital.nhs.uk/services/summary-care-records-scr>.
3. **Care and Health Information Exchange (CHIE)** – This system allows healthcare organisations within Hampshire only, to have access to patient information to support treatment which may be required in an emergency. It allows sharing of hospital information such as test results with the GP patient record for example, but is not available outside of Hampshire. You should inform the practice using this form if you do not want your clinical data to be shared locally to support your direct care. This may affect your care if you need treatment at a local GP hub.
4. **National Data Opt-Out (NDO)** – This prevents any patient identifiable data collected from your medical record, being used by NHS England for research, future planning or other secondary use.  To register your opt out preference for the NDO, you need to register on the website available here <https://www.nhs.uk/your-nhs-data-matters/> or by telephone on 0300 3035678. The practice cannot register your preference for you.

You can use this form to:

* register a Type 1, SCR or CHIE opt-out, for yourself or for a dependent (if you are the parent or legal guardian of the patient) (to **opt-out of data sharing**)
* withdraw an existing Type 1, SCR or CHIE 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 to data sharing**)

This form **cannot** be used to register a National Data Opt-Out.

### Your decisions will not affect individual care received within the practice and you can change your choice at any time using this form. Once completed, please return this form to your GP practice, or email it to [soccg.livingwell.partnership@nhs.net](mailto:soccg.livingwell.partnership@nhs.net)

**Details of the patient**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Title** |  | | | | | | | | | |
| **Forename(s)** |  | | | | | | | | | |
| **Surname** |  | | | | | | | | | |
| **Address** |  | | | | | | | | | |
| **Phone number** |  | | | | | | | | | |
| **Date of birth** |  | | | | | | | | | |
| **NHS Number (if known)** |  |  |  |  |  |  |  |  |  |  |

**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

* 1. **Type 1 Opt-Out – Data leaving the practice for secondary use such as research and service planning**

**Opt-out**

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

**Withdraw opt-out (opt-in)**

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

* 1. **Summary Care Record – Summary data being shared with other healthcare providers for direct care purposes**

**Opt-out**

I do not allow my / the named patient’s identifiable data to be shared outside of the GP practice for direct care purposes.

**Withdraw opt-out (opt-in)**

I do allow my / the named patient’s identifiable data to be shared outside of the GP practice for direct care purposes.

**Additional data sharing (opt-in)**

I do allow additional data from my / the named patient’s care record to be shared outside of the GP practice for direct care purposes.

* 1. **Care and Health Information Exchange – Data being shared with other healthcare providers in Hampshire for direct care purposes**

**Opt-out**

I do not allow my / the named patient’s identifiable data to be shared outside of the GP practice for direct care purposes.

**Withdraw opt-out (opt-in)**

I do allow my / the named patient’s identifiable data to be shared outside of the GP practice for direct care purposes.

### **Your declaration**

I confirm that:

* the information I have given on 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 appliable)
* I understand the implications to my direct care in my opt out choices

**Signature**

**Date signed**

### **Once completed, please return this form to your GP practice, or email it to** [**soccg.livingwell.partnership@nhs.net**](mailto:soccg.livingwell.partnership@nhs.net)

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**For GP Practice Use Only**

|  |  |  |
| --- | --- | --- |
| Date received |  | |
| Date scanned |  | |
| Date code 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)|)] |  |
| SCR | **Emis registration screen updated** |  |
| CHIE | **Emis registration screen updated** |  |