**Notice of dissent from secondary use of GP identifiable data**

**As of the 8th of September 2021 I remove all consent and any assumed or implied consent to share the identifiable data of myself and my son/daughter, NAME IN CAPITALS DOB**

**Any 3rd parties are to request my fully informed consent for any transfer.**

 **Our information is to be held solely on your practice systems and is not to be transferred for any other purpose than our immediate medical care.**

**Please take whatever steps necessary to ensure our confidential personal information is removed from any other and all other databases. Record our removal of consent by whatever means possible.**

**It is important to add the ‘Dissent from secondary use of GP patient identifiable data’ code (Readv2: 9Nu0, CTV3: XaZ89 or SNOMED CT: 827241000000103) to our records.**

**I am aware of the implications of this request and I understand that it will not affect the care we receive.**

**Thank you for your understanding.**

**NAME IN CAPITALS ( DOB )**

**Address**

**NAME IN CAPITALS (DOB)**

**Address**

**Dated Wednesday 8th September 2021**

**Signature………………………………………………**