**Opt Out Form – Medical Records**

**Dear Highfields Medical Centre**

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

I wish to opt-out of

**General Practice Data for Planning and Research (GPDPR)**

Please ensure **my dissent to secondary uses** is recorded by whatever means possible, which includes adding the following code to my GP record:

Type 1 objection: **9Nu0**/XaZ89/827241000000103

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

**Personal Details**

**First Name: …………………………………… Last Name: ……………………………………**

**Date of Birth: ……………………………………**

**Signature: …………………………………… Date: …………………………………………**

**If you have signed on behalf of the patient please complete the details below:**

**Your Full Name ……………………………………..………….**

**Relationship to Patient: ……………………….…………….** *(e.g Parent / Legal Guardian)*

Please print, complete and hand this form into reception

or post it to the surgery using the address below.

Attn: Data Processing

**Highfields & Belgrave Medical Centres**

Merlyn Vaz, Section B

1 Spinney Hill Road

Leicester LE5 3GH