

## **National data opt-out**

### **Find out why your data matters**

### **Request by Proxy**

You should use this form if you are managing or setting a data choice on behalf of another person, who is unable to manage their choice independently. For example, if you are a parent or guardian of a child under the age of 13.

#### **Confidential Patient Information**

Confidential patient information identifies you and says something about your health care or treatment. You would expect this information to be kept private. Information that only identifies you like your name and address is not confidential patient information and may still be used. For example, to contact you if your GP practice is merging with another.

#### **Using Confidential Patient Information**

Confidential patient information is used to help with your treatment and care.

Confidential patient information is also used to:

- plan and improve health and care services, and
- research and develop cures for serious illnesses.

#### **Where You Have A Choice**

If an individual doesn't want their confidential patient information to be used for research and planning, they can opt out of this. If they do opt out, their decision will not affect their individual treatment and care. They can also change their decision anytime they like.

If an individual does not wish to opt out, they don't have to do anything at all.

#### **Manage a Choice by Proxy**

Use this form to manage or set a choice on behalf of another individual, who may not have the ability to manage their choice independently. You must state who you are and your relationship to the Data Subject (person you are setting a choice for).

Only an individual with parental responsibility (or a third party acting on their behalf) can set a choice on behalf of a child under 13 years of age. If you are a third party, written authorisation or signed documentation is required to prove you are able to act on behalf of the Data Subject.

# National data opt-out

## Find out why your data matters

### Request by Proxy – Guidance and Information

#### NHS Number

In order to make sure that we apply this opt-out request to the right person, we will need to confirm the name and NHS number of the Data Subject. You can find the Data Subject's NHS number on any document sent by the NHS.

This may include:

- Prescriptions
- Test results
- Hospital referral letters
- Appointment letters
- Your NHS medical card

#### Proof of Data Subject's Identity

If you are unable to provide an NHS number, you will be asked to provide proof of the Data Subject's identity. Please supply a **copy** of **one** document from section **A** below. Please do not send original documentation.

##### A. Confirmation of name

- Full driving licence
- Passport
- Birth certificate
- Marriage certificate

#### Proof of Your Identity

You must confirm your own identity (as the person setting the preference on behalf of someone else). Please supply a **copy** of **one** document from **both** sections **B** and **C**. Please do not send original documentation. Confirmation of address must be dated within the previous 3 months.

##### B. Confirmation of name

- Full driving licence
- Passport
- Birth certificate
- Marriage certificate

##### C. Confirmation of address

- Utility bill
- Bank statement
- Credit card statement
- Benefit or Pension book

## **Proof of Proxy**

If you are managing or setting a data choice on behalf of an adult who does not have the ability to do so independently, please supply a **copy** of **one** document from section **D**.

### **D. Confirmation of Proxy**

- Health and Welfare Lasting Power of Attorney
- Financial Power of Attorney
- Court of Protection Order (appointing you as a personal deputy)
- Signed declaration for the Data Subject themselves

## **Proof of Parental Responsibility**

If you are managing or setting a data choice on behalf of a child under the age of 13, please supply a **copy** of **one** document from section **E**.

### **E. Confirmation of Parental Responsibility**

- Full birth certificate of the child
- Full marriage certificate (if details not shown on birth certificate)
- Full certificate of adoption
- Parental responsibility order
- Residence order
- Court order assigning parental responsibility

## **Third Party Written Authorisation**

All third parties (e.g. solicitors) must provide written authorisation from the Data Subject to prove they are able to act on their behalf.

**National data opt-out**  
**Find out why your data matters**  
**Request by Proxy – Submission Form**

**Section 1: Details of the Data Subject**

NHS Number (if known): \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

**Section 2: NHS Number Unknown**

If you are unable to provide an NHS number, you will need to provide additional documentation relating to the data subject. Which type of identification will you be attaching to this document to confirm the identity of the **Data Subject**?

(Please tick a box)

**A. Confirmation of name:**

- |   |                                   |  |
|---|-----------------------------------|--|
| <input type="checkbox"/> Full driving licence | <input type="checkbox"/> Passport | <input type="checkbox"/> Birth certificate |
| <input type="checkbox"/> Marriage certificate |                                   |  |

**Section 3: Your Details**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Home Address (line 1): \_\_\_\_\_

Home Address (line 2): \_\_\_\_\_

Postcode: \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

## Section 4: Your Correspondence

Where should we send our response to your request? Please note that the correspondence will be sent to you, the person setting the preference on behalf of the data subject.

(Please tick an option)

☐ My home address

☐ My email address

## Section 5: The Data Subject's Choice

Your confidential patient information can be used for improving health, care and services, including:

- planning to improve health and care services
- research to find a cure for serious illnesses

Your decision will not affect your individual care and you can change your mind anytime you like.

(Please tick a box)

**I allow my confidential patient information to be used for research and planning.**

☐ Yes      ☐ No

## Section 6: Proof of Your Identity

Which **two** types of identification will you be attaching to this document to confirm **your** identity and address?

(Please tick a box in sections B **and** C)

**B. Confirmation of name:**

- ☐ Full driving licence
- ☐ Passport
- ☐ Birth certificate
- ☐ Marriage certificate

**C. Confirmation of address:**

- ☐ Utility bill
- ☐ Bank statement
- ☐ Credit card statement
- ☐ Benefit book
- ☐ Pension book

## Section 7: Proof of Proxy

Only complete this section if you are managing a choice on behalf of an adult who does not have the ability to do so independently.

What documentation will you be attaching to prove you are able to act on behalf the Data Subject?

(Please tick a box)

### D. Confirmation of Proxy:

- ☐ Health and Welfare Lasting Power of Attorney
- ☐ Court of Protection Order (appointing you as a personal deputy)
- ☐ Signed declaration for the Data Subject themselves

## Section 8: Proof of Parental Responsibility

Only complete this section if you are managing a choice on behalf of a child under the age of 13.

What documentation will you be attaching to confirm your proof of parental responsibility?

(Please tick a box)

### E. Confirmation of parental responsibility:

- |  |   |
|--|---|
| <input type="checkbox"/> Full birth certificate of the child | <input type="checkbox"/> Full marriage certificate of parents |
| <input type="checkbox"/> Full certificate of adoption        | <input type="checkbox"/> Parental responsibility order        |
| <input type="checkbox"/> Residence order                     | <input type="checkbox"/> Court order parental responsibility  |

## Section 9: Declaration

I confirm that the information I have supplied in this application is correct, and I have the authority to act on behalf of the Data Subject. I have enclosed any relevant authority as detailed in sections 5-8.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## Your Final Checklist

(Please tick the relevant boxes below before returning this document)

Is all provided contact information correct? ☐

Have you enclosed all required ID & documentation? ☐

Have you signed the form? ☐

Have you completed all the relevant sections? ☐

## Correspondence

Please return the completed application form along with photocopies of any required documentation (detailed in section 4) to the address below. Any additional information or documentation submitted to verify your identity will be disposed of as confidential waste once this form has been processed. Do not include original documents as these cannot be returned to you.

Attn Confidential Contact Centre  
Find out why your data matters  
**NHS Digital**  
8th Floor,  
Bridgewater Place,  
Water Lane,  
Leeds,  
LS11 5BZ

It can take up to 14 days to process your request once it is received. It can take up to 21 days before your decision is applied to future data releases leaving the NHS.

Your opt-out decision will be respected by NHS Digital that collects, processes and releases health and care data on a national basis. It will be respected by all other organisations that use health and care data by March 2020.

This form will be held for a period of 3 months in case of any faults or queries, following confirmation of your preference being set. After this time period, this form will then be disposed of as confidential waste.