

## **National data opt-out Find Out About My Data Choice**

The NHS wants to make sure you and your family have the best care now and in the future. To do this, we may use your confidential patient information to make care better and safer for everyone.

### **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 Your Confidential Patient Information**

Your 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 you don't want your confidential patient information to be used for research and planning, you can opt out of this. If you do opt out, your decision will not affect your individual treatment and care. You can also change your mind anytime you like.

If you do not wish to opt out, you don't have to do anything at all.

## National data opt-out Find Out About My Data Choice Guidance and Information

### NHS Number

To protect your privacy and to make sure we apply this opt-out request to the right person, we will need to confirm your name and NHS number. You can find your NHS number on any document sent to you by the NHS.

This may include:

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

### Proof of Identity

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

- A. Confirmation of name**  
(Must be valid and in date)
- Full driving licence
  - Passport
  - Birth certificate
  - Marriage certificate
- B. Confirmation of address**  
(Within the previous 3 months)
- Utility bill
  - Bank statement
  - Credit card statement
  - Benefit or Pension book

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Find Out About My Data Choice  
Submission Form**

**Section 1: Your Details**

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

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

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

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

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

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

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

**Section 2: Your Data 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 3: Your correspondence

Where should we send our response to your request?

(Please tick a box)

☐ My home address    ☐ My email address

### Section 4: Proof of Identity

You should only complete this section if you are unable to provide an NHS number in **Section 1**. Which **two** copies of identification will you be attaching to this document?

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

#### A. Confirmation of name:

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

#### B. Confirmation of address

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

### Section 5: Declaration

I confirm that the information I have supplied in this application is correct, and I am the person to whom it relates.

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

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

## Your Final Checklist

(Please tick the relevant boxes below)

- |   |                          |
|---|--------------------------|
| Is your contact information correct?              | <input type="checkbox"/> |
| Have you included your NHS number or proof of ID? | <input type="checkbox"/> |
| Have you signed the form?                         | <input type="checkbox"/> |
| Have you completed all the relevant sections?     | <input type="checkbox"/> |

## 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  
My Data Choice  
**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.