**Dissent from secondary use of patient identifiable data**

Dear London Fields Medical Centre,

I refuse consent for my personal and confidential information to be transferred from your practice system for any purpose other than my medical care.

I understand that you have to send my identifiable information to the Health and Social Care Information Centre (HSCIC). This is done without seeking my explicit consent and for purposes other than my medical care.

**Please ensure my confidential personal information is not uploaded and record my dissent on my notes via codes 9Nu0 and 9Nu4.**

I am aware of the implications of this request, understand that it will not affect the care I receive and will notify you should I change my mind.

Yours sincerely,

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

Name:

Date of Birth:

(Please add names and dates of birth of family members overleaf).

[**http:/**](NULL)**/www.hscic.gov.uk/patientconf**

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