|  |  |
| --- | --- |
| **THE NEW WOKINGHAM ROAD SURGERY**  **18 New Wokingham Road, Crowthorne, Berkshire, RG45 6JL**  **Telephone: 01344 773418 Email:** [**surgeryreception@nhs.net**](mailto:surgeryreception@nhs.net) | |
| **David EVANS (Partner)**  **MBBS (Newcastle Upon Tyne)** | **Richard BISHOP (Partner)**  **MBChB (Hons) MRCGP DCH DRCOG** |
|  |  |

**Susanne BÜTTNER (Salaried)**

**State Exam Med (Munich) DRCOG DFFP**

Dear Patient

The data held in your GP medical records is shared with other healthcare professionals for the purposes of your individual care. It can also be shared with other organisations to support health and care planning and research.

If you do not want your personally identifiable patient data to be shared outside of your GP practice for purposes except your own care, you can register an opt-out with your GP practice. This is known as a Type 1 Opt-out.

**You may also wish to register a National Data Opt-out which is not done at GP practice level;** for this, you must contact NHS Digital - more information about the National Data Opt-out is here: <https://www.nhs.uk/your-nhs-data-matters/>

You can use this form to:

* register a Type 1 Opt-out, for yourself or for a dependent (if you are the parent or legal guardian of the patient) (to **Opt-out**)
* withdraw an existing Type 1 Opt-out, for yourself or a dependent (if you are the parent or legal guardian of the patient) if you have changed your preference (**Opt-in**)

**This decision will not affect individual care and you can change your choice at any time, using this form. This form, once completed, should be sent to your GP practice by email or post.**

Details of the patient

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title |  | | | | | | | | | |
| Forename(s) |  | | | | | | | | | |
| Address |  | | | | | | | | | |
| Phone number |  | | | | | | | | | |
| Date of birth |  | | | | | | | | | |
| NHS Number (if known) |  |  |  |  |  |  |  |  |  |  |

Details of parent or legal guardian

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Relationship to patient |  |