Choose if your confidential patient information
is shared for research and planning

Manage your choice, or your child's choice on their behalf

Use this form to make a choice for yourself and/or children under the age of 13.

You must be either the child's:

- parent
  or
- legal guardian

You can use this form for up to 6 people.

To make a choice for more than 6 people, fill out as many of these forms as you need and send them all together.

Once completed you can either email or post this form.

To email this form to our NHS Digital Contact Centre please use:

enquiries@nhsdigital.nhs.uk

To post the form please send to:
National Data Opt Out
Contact Centre
NHS Digital
HM Government
7 and 8 Wellington Place
Leeds
LS1 4AP

Further details about how the NHS uses health data can be found online at **www.nhs.uk/your-nhs-data-matters**

For more information please read our privacy notice on our website **your-data-matters.service.nhs.uk/privacynotice**

Section 1

You need your and your child's NHS Number in order to use this service

An NHS number is a 10 digit number.

You can find your or your child's NHS number on:

- prescriptions
- test results
- appointment letters
- referral letters
- personal child health record (red book)

Or you can use the Find Your NHS Number service here:
https://www.nhs.uk/nhs-services/online-services/find-nhs-number/

Tell us your NHS number. If you are also filling in this form for your children, please tell us their NHS numbers below too.

Full name	**NHS Number** This is a 10 digit number

For more information please read our privacy notice on our website **your-data-matters.service.nhs.uk/privacynotice**

Section 2

Your details

Full name

Address
This must be your address you have registered with your GP surgery.

Section 3

Tell us your choice

The choice you are making is whether your and your children's confidential patient information can be used for:

- research to find cures and better treatments for illnesses
- planning where we need to improve or provide more health services

This decision will not affect your (or your children's) individual care and you can change your choice at any time.

☐ **Yes,** I allow my and/or my child(ren)'s confidential patient information to be used for research and planning

☐ **No,** I do not allow my and/or my child(ren)'s confidential patient information to be used for research and planning

Section 4

Your declaration

I confirm that:
- the information I have given in this form is correct
- I am the parent or legal guardian of any child or children I am making a choice for

Signature

Date signed

For more information please read our privacy notice on our website **your-data-matters.service.nhs.uk/privacynotice**

Section 5

If you would like confirmation of your choice please provide your email address in the box below. Postal confirmation is not available at present.

Email address:

Once completed please use the contact details to email or post this form to us.

To email this form to our NHS Digital Contact Centre please use:

enquiries@nhsdigital.nhs.uk

To post the form please send to:

National Data Opt Out
Contact Centre
NHS Digital
HM Government
7 and 8 Wellington Place
Leeds
LS1 4AP