

## OPT OUT FORM – MEDICAL RECORDS

Dear Marfleet Group Practice,

I do not wish to allow my medical records to be used for any purpose other than my medical care.

Please ensure my dissent to secondary uses is recorded by whatever means possible, which includes adding the following code to my GP record:

- Uploading information from my GP record

***Type 1 objection: 9Nu0/XaZ89***

I understand that I can opt back in to any or all of these at any time in the future.

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Name:

Signature:

DOB:

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Your name/signature & relationship if applying on behalf of another person (e.g. parent/legal guardian):

Please print out and post it to the surgery,  
or scan and email it to: <mailto:HULLCCG.B81040-helpdesk@nhs.net>