**General Practice Data for Planning and Research**

**(Type 1 Opt Out)**

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

I wish to opt-out of General Practice Data for Planning and Research (GPDPR) Please ensure my dissent to secondary uses is recorded on my GP record:

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

**Patient Details**

Title: Forename: Surname:

Address:

Post Code:

**Contact Details:**

Landline: Mobile:

E-Mail:

**Signature: Date:**

**If you are applying on behalf of another person, e.g. parent/guardian or hold power of attorney, please complete your details below.**

**Relationship details:**

Name: (Please print)

Relationship:

**Signature: Date:**