

## National Data Opt-out Find Out Why Your NHS Data Matters Parental Request

You should use this form if you are a parent or legal guardian setting a data choice on behalf of your child, or children, under the age of 13.

You can use this single request form to set a choice for up to 6 children. If you wish to make a request on behalf of more than 6 children, please fill out as many additional Parental Request forms as necessary and send them all together.

### Confidential Patient Information

Confidential patient information identifies you and says something about your health care or treatment. You would expect this information to be kept private. Information that only identifies you like your name and address is not confidential patient information and may still be used even if you choose to opt out. For example, to contact you if your GP practice is merging with another.

### Using Confidential Patient Information

Confidential patient information is used to help with your treatment and care.

Confidential patient information is also used to:

- plan and improve health and care services, and
- research and develop cures for serious illnesses.

### Where You Have A Choice

If you **have not** set an opt-out on your children's behalf, their confidential patient information can be used for research and planning. If you wish to set an opt-out for your children, you can do so by submitting this request form.

Any decision made will not affect their individual treatment and care. You can also change this decision any time until they are 13 years of age, when your children will be able to choose for themselves. Any decision made will remain in place and will not automatically expire once a child reaches 13 years of age.

### Manage a Choice by Parental Request

Only an individual with parental responsibility can set a choice on behalf of a child under 13 years of age. Proof of parental responsibility is required when you submit this request form.

## National Data Opt-out

### Find Out Why Your NHS Data Matters

### Parental Request – Guidance and Information

#### NHS Number

In order to make sure that we apply this opt-out request to the right child or children, we need to confirm their name(s) and NHS number(s). NHS numbers can be found on documents sent by the NHS.

This may include:

- Prescriptions
- Test results
- Hospital referral letters
- Appointment letters
- Personal Health Child Record (red book)

#### Proof of Child's Identity

If you are unable to provide an NHS number, you are asked to provide proof of your children's identity. Please supply a **copy** of **one** document from section **A** below. Please do not send original documentation.

##### A. Confirmation of name

- Passport
- Birth certificate

#### Proof of Your Identity

You must confirm your own identity (as the parent). Please supply a **copy** of **one** document from **both** sections **B** and **C**. Please do not send original documentation. Confirmation of address must be dated within the previous 3 months.

##### B. Confirmation of name

- Full driving licence
- Passport
- Birth certificate
- Marriage certificate

##### C. Confirmation of address

- Utility bill
- Bank statement
- Credit card statement
- Benefit or Pension book

## **Proof of Parental Responsibility**

You must also provide proof of parental responsibility. Please supply a **copy** of **one** document from section **D**.

### **D. Confirmation of Parental Responsibility**

- Full birth certificate of the child
- Full marriage certificate (if details not shown on birth certificate)
- Full certificate of adoption
- Parental responsibility order
- Residence order
- Court order assigning parental responsibility

# National Data Opt-out

## Find Out Why Your NHS Data Matters

### Parental Request – Submission Form

#### Section 1: Your Children's Details

	NHS Number (10 digits)	First Name	Last Name
1	<i>For example, 485 777 3456</i>		
2			
3			
4			
5			
6			

#### Section 2: NHS Number Unknown

If you are unable to provide an NHS number, you need to provide proof of your children's identity. Which **copies** of identification are you attaching to this document?

(Please provide one document for each child)

A. Confirmation of name:

- Passport                       Birth certificate

#### Section 3: Your Details

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Home Address (line 1): \_\_\_\_\_

Home Address (line 2): \_\_\_\_\_

Postcode: \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

## Section 4: Your Correspondence

Where should we send our response to your request? Please note that the correspondence will be sent to you as the parent or legal guardian.

(Please tick an option)

- My home address  My email address

## Section 5: Your Children's Choice

The choice you are making is whether your child or children's confidential patient information can be used for improving health, care and services, including:

- planning to improve health and care services
- research to find a cure for serious illnesses

Your decision will not affect their individual care. You can also change your mind any time you like until they are 13 years of age, when your children will be able to choose for themselves.

(Your selection will apply to all children included on this form)

**I allow my child or children's confidential patient information to be used for research and planning.**

- Yes  No

## Section 6: Proof of Your Identity

Which **copies** of identification are you attaching to this document to confirm **your** identity and address?

(Please tick a box in sections B and C)

**B. Confirmation of name:**

- Full driving licence  
 Passport  
 Birth certificate  
 Marriage certificate

**C. Confirmation of address:**

- Utility bill  
 Bank statement  
 Credit card statement  
 Benefit book  
 Pension book

## Section 7: Proof of Parental Responsibility

Which **copies** of documentation are you attaching to confirm your proof of parental responsibility?

(Please tick a box)

### D. Confirmation of parental responsibility:

- |                          |                                     |                          |                                      |
|--------------------------|-------------------------------------|--------------------------|--------------------------------------|
| <input type="checkbox"/> | Full birth certificate of the child | <input type="checkbox"/> | Full marriage certificate of parents |
| <input type="checkbox"/> | Full certificate of adoption        | <input type="checkbox"/> | Parental responsibility order        |
| <input type="checkbox"/> | Residence order                     | <input type="checkbox"/> | Court order parental responsibility  |

## Section 8: Declaration

I confirm that the information I have supplied in this application is correct, and I have the parental authority to act on behalf of the children mentioned in section 1. I have enclosed any relevant documentation as detailed in sections 2, 6 and 7.

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

Print Name: \_\_\_\_\_

## Your Final Checklist

(Please tick the relevant boxes below before returning this document)

Is all of the provided contact information correct?

Have you enclosed copies of required ID & documentation?

Have you signed the form?

Have you completed all the relevant sections?

## Correspondence

Please return the completed application form along with photocopies of any required documentation (detailed in section 4) to the address below. Any additional information or documentation submitted to verify your identity will be disposed of as confidential waste once this form has been processed. Do not include original documents as these cannot be returned to you.

### Strictly Confidential

NHS Digital Contact Centre (BWP)  
1 Trevelyan Square  
Boar Lane  
Leeds  
LS1 6AE

It can take up to 14 days to process your request once it is received. It can take up to 21 days before your decision is applied to future data releases leaving the NHS.

Your opt-out decision will be respected by NHS Digital that collects, processes and releases health and care data on a national basis. It will be respected by all other organisations that use health and care data by March 2020.

This form will be held for a period of 3 months in case of any faults or queries, following confirmation of your preference being set. After this time period, this form will then be disposed of as confidential waste. For more information please read the Privacy Notice, which can be found on our website [www.nhs.uk/your-nhs-data-matters](http://www.nhs.uk/your-nhs-data-matters).