

National Data Opt-out

Find Out Why Your NHS Data Matters

Request by Proxy

You should use this form if you are managing or setting a data choice on behalf of another adult, who is unable to manage their choice independently. For example, if you have power of attorney.

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 an individual doesn't want their confidential patient information to be used for research and planning, they can opt out of this. If this individual has **not** set an opt-out already, their confidential patient information can be used for research and planning.

If they do opt out, their decision will not affect their individual treatment and care. They can also change their decision anytime they like. If an individual does not wish to opt out, they don't have to do anything at all.

Manage a Choice by Proxy

Use this form to manage or set a choice on behalf of another individual, who may not have the ability to manage their choice independently. You must state who you are and provide evidence of your authority to act on behalf of the Data Subject (person you are setting a choice for).

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Request by Proxy – Guidance and Information

NHS Number

In order to make sure that we apply this opt-out request to the right person, we need to confirm the name and NHS number of the Data Subject. You can find the Data Subject's NHS number on any document sent by the NHS.

This may include:

- Prescriptions
- Test results
- Hospital referral letters
- Appointment letters
- NHS medical card

Proof of Data Subject's Identity

If you are unable to provide their NHS number, you are asked to provide proof of the Data Subject'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
- Marriage certificate

Proof of Your Identity

You must confirm your own identity (as the person setting the preference on behalf of someone else). 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 Proxy

If you are managing or setting a data choice on behalf of an adult who does not have the ability to do so independently, please supply a **copy** of **one** document from section **D**.

D. **Confirmation of Proxy**

- Health and Welfare Lasting Power of Attorney
- Property and Financial Affairs Lasting Power of Attorney
- Court of Protection Order (appointing you as a personal deputy)

National Data Opt-out Find Out Why Your NHS Data Matters Request by Proxy – Submission Form

Section 1: Details of the Data Subject

NHS Number (10 digits): *For example, 485 777 3456* _____

First Name: _____

Last Name: _____

Section 2: NHS Number Unknown

If you are unable to provide an NHS number for the Data Subject, you need to provide additional documentation. Which **copy** of identification are you attaching to this document to confirm the identity of the **Data Subject**?

(Please tick a box)

A. Confirmation of name:

- Full driving licence Passport Birth certificate
 Marriage 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, the person setting the preference on behalf of the Data Subject.

(Please tick an option)

- My home address My email address

Section 5: The Data Subject's Choice

The choice you are making is whether the Data Subject'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

This decision will not affect the Data Subject's individual care and you can change their choice at any time, as long as you have authority to act on their behalf.

(Please tick a box)

I allow the Data Subject's confidential patient information to be used for research and planning.

- Yes No

Section 6: Proof of Your Identity

Which **two 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 Proxy

Which **copies** of documentation are you attaching to prove you are able to act on behalf of the Data Subject?

(Please tick a box)

D. Confirmation of Proxy:

- Health and Welfare Lasting Power of Attorney
- Property and Financial Affairs Lasting Power of Attorney
- Court of Protection Order (appointing you as a personal deputy)

Section 8: Declaration

I confirm that the information I have supplied in this application is correct, and I have the authority to act on behalf of the Data Subject. I have enclosed any relevant **copies** of 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