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**Details of parent or legal guardian**

If you are filling in this form on behalf of a dependent e.g. a child, the GP practice will first check that you have the authority to do so. Please complete the details below:

<b>Name</b>	
<b>Address</b>	
<b>Relationship to patient</b>	

**Your decision**

**Opt-out**

I do not allow my identifiable patient data to be shared outside of the GP practice for purposes except my own care.

OR

I do not allow the patient above's identifiable patient data to be shared outside of the GP practice for purposes except their own care.

**Withdraw Opt-out (Opt-in)**

I do allow my identifiable patient data to be shared outside of the GP practice for purposes beyond my own care.

OR

I do allow the patient above's identifiable patient data to be shared outside of the GP practice for purposes beyond their own care.

**Your declaration**

I confirm that:

- the information I have given in this form is correct
- I am the parent or legal guardian of the dependent person I am making a choice for set out above (if applicable)

**Signature**

**Date signed**