


Please return this form by post to: Admin Assistant, Central Records Library,
Bush Park, Estover, Plymouth, PL6 7RG

Personal Information Opt Out Form		Plymouth Hospitals 
1) Personal Information:		
Surname:		
Forename(s):		
Title:	Hospital Number:	
Date of birth:	NHS Number: (If unknown, please contact your GP Practice)	
Current address:		
Post Code:		

2) Details of request to change how your personal information is used:	
Secondary Uses Service Plymouth Hospitals NHS Trust, as a provider of healthcare and commissioned by NHS England, has a legal requirement to submit certain data to the Health and Social Care Information Centre (HSCIC) via Secondary Uses Service (SUS) which is used for many purposes such as healthcare planning, commissioning services, Payment by Results, improving public health and developing national policy. Data within SUS can be patient identifiable (your name, address and other information is sent), anonymised (you are unidentifiable) or pseudonymised (difficult to identify you from the information sent). You can request that identifiable data items are removed from any information about your care which we send to SUS. In which case your NHS Number, local patient identifier, name, postcode of usual address and birth date will all be omitted. We must continue to send non-identifiable information about your care to SUS in order to fulfil our legal obligations and to receive payment for the treatment we provide.	
External Regulators All NHS Trusts are assessed by external approved Department of Health bodies. As part of this process, the professional assessors will visit and look at a small number of health records and incident report forms. The assessors are not concerned with individual patient details and they don't take them away.	
Yes, I wish to opt out of sending personal information to HSCIC (please tick) <input type="checkbox"/>	
Yes, I wish to opt out from my personal information being reviewed by External Regulators (please tick) <input type="checkbox"/>	
3) Declaration	
<i>Please note that by signing this form you have requested that Plymouth Hospitals NHS Trust change how your personal information is used and your wishes will be recorded in your health record:</i>	
Signature:	
Date:	

For more information and to opt out of other initiatives such as Care.Data and Summary Care Record (SCR), please contact your GP Practice.