

Data Protection Act 1998

Withdrawal of consent to the processing of personal information for secondary care purposes

This form is to withdraw consent for information held by the Health and Social Care Centre (HSCIC) about you, to be used for secondary care purposes.

Please return your completed form to:

*Information Governance Department
Health and Social Care Information Centre
1 Trevelyan Square
Boar Lane
Leeds
LS1 6AE*

Section 1: About You

In order to protect your privacy and in line with the requirements of the Data Protection Act, HSCIC has to ensure it locates the records and information only relating to you. In order to do this, it is understood that you will need to supply the information outlined below:

Title	
Surname	
First Name	
Former Surname	
Date of Birth	
Sex (Male/Female)	
NHS Number (if known)	
Telephone Number (day)	
Email address	
Home Address	
Postcode	

If you would have been known by a different name or at a different address during the period to which the information relates, please state the name(s) and/or address(es) below:

From (date)	
To (date)	
Name	
Address	
Postcode	

From (date)	
To (date)	
Name	
Address	
Postcode	

From (date)	
To (date)	
Name	
Address	
Postcode	

Section 2: Proof of Identity

To help establish your identity, you will have to submit a photocopy of **one** document from **each** of the following categories with your application:

- i. Confirmation of name¹
 - Full driving licence
 - Passport
 - Birth certificate
 - Marriage certificate
 - Health and Social Care Information Centre identity badge

- ii. Confirmation of address
 - Utility bill
 - Bank statement
 - Credit card statement
 - Benefit book
 - Pension book

I am providing the following types of identification, which are attached to this document:

i. Confirmation of name	
ii. Confirmation of address	

¹ Where you have had a change of name HSCIC will require evidence of the name for which you are seeking information, e.g. a birth certificate will not be considered as evidence for searches on a married name.

Section 3:

The HSCIC is the data controller (the person/organisation who has legal responsibility for the data) for the following systems:

Hospital Episode Statistics (HES) – This system holds records on hospital episodes of care including, inpatient, outpatient and A&E.

Secondary Uses Service (SUS) – This system is the single source of comprehensive data to enable a range of reporting and analysis. NHS hospital trusts submit patient activity to SUS for performance monitoring, reconciliation and payments purposes.

Mental Health Minimum Data Set – This system contains record-level data about NHS services delivered to people with severe and enduring mental health problems.

Diagnostic Imaging Dataset (DIDS) – This is a central collection of detailed information about diagnostic imaging tests carried out on NHS patients, extracted from local radiology information systems.

If you think HSCIC may hold your details in the above systems and would like your information to be removed/anonymised (remove all links to anything identifying you), please tick as appropriate below.

Please note that your data will be anonymised rather than removed as aggregate, non-identifiable information must be recorded to ensure the appropriate management of NHS systems, such as patient choice, improving patient care, recording internal payments and monitoring the provision of NHS services.

HES

MHMDS

SUS

DIDS

Section 4: Declaration

The information that I have supplied in this application is correct, and I am the person to whom it relates.

Signature: _____ Date: _____

Once your proof of identification is received and verified and we have confirmed whether we hold any information about you, we will write to you to tell you what is held and confirm the actions we have taken.

Your Checklist

Is your contact information correct?

Have you enclosed acceptable identification?

Have you signed the form?

Have you completed all the sections?