# image1.jpeg

Choose if your confidential patient information is shared for research and planning

# Manage your child’s choice on their behalf

Use this form to make a choice for children under the age of 13.

You must be either the child’s:

* parent  
  or
* legal guardian

You can use this form for up to 6 children.

To make a choice for more than 6 children, fill out as many of these forms as you need and send them all together.

**Once completed you can either email or post this form.**

**To email this form to our NHS Digital Contact Centre please use:**

[enquiries@nhsdigital.nhs.uk](mailto:enquiries@nhsdigital.nhs.uk)

**To post the form please send to:**

National Data Opt Out

Contact Centre

NHS Digital

HM Government

7 and 8 Wellington Place

Leeds

LS1 4AP

Further details about how the NHS uses health data can be found online at [www.nhs.uk/your-nhs-data-matters](http://www.nhs.uk/your-nhs-data-matters)

## Section 1

### You need your child's NHS Number in order to use this service

An NHS number is a 10 digit number.

You can find your child’s NHS number on their:

* prescriptions
* test results
* appointment letters
* referral letters
* personal child health record (red book)

Or you can use the Find Your NHS Number service here:

[https://www.nhs.uk/nhs-services/online-services/find-nhs-number](https://www.nhs.uk/nhs-services/online-services/find-nhs-number/)/

### Tell us your child’s name and NHS number

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| **Full name** |  | | **NHS Number**  This is a 10 digit number | | | | | | | | | | | |
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## Section 2

### Your details

**Full name**

**Address**

This must be your address you have registered with your GP surgery.

## Section 3

## Section 3

### Tell us your choice

The choice you are making is whether your child’s confidential patient information can be used for:

* research to find cures and better treatments for illnesses
* planning where we need to improve or provide more health services

This decision will not affect your child’s individual care and you can change their choice at any time.

**Yes,** I allow my child’s confidential patient information to be used for research and planning

**No,** I do not allow my child’s confidential patient information to be used for research and planning

## Section 4

### Your declaration

I confirm that:

* the information I have given in this form is correct
* I am the parent or legal guardian of the child or children I am making a choice for

**Signature**

**Date signed**

### If you would like confirmation of your choice please provide your email address in the box below. Postal confirmation is not available at present.

**Email address:**

**Once completed please use the contact details to email or post this form to us.**

**To email this form to our NHS Digital Contact Centre please use:**

[enquiries@nhsdigital.nhs.uk](mailto:enquiries@nhsdigital.nhs.uk)

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