



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

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

For more information please read our privacy notice on our website your-data-matters.service.nhs.uk/privacynotice

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/>

Tell us your child's name and NHS number

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

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

For more information please read our privacy notice on our website your-data-matters.service.nhs.uk/privacynotice

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

To post the form please send to:

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Contact Centre
NHS Digital
HM Government
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