

Wessex Secure Data Environment: Local Data Opt-Out Form

About this form

This form lets you tell us that you do not want your NHS patient record to be made available for research and planning through the Wessex Secure Data Environment (SDE). This opt-out applies only to the Wessex SDE and does not affect how your data may be used for research and planning nationally or through other approved data services.

Completing this form

Please complete in BLOCK CAPITALS. If you are doing this on behalf of another adult, or you're signing on behalf of someone under 13 for whom you have parental responsibility, put their details in Section A and your own in Section B.

Where to send this form

Please email the form to optoutwessexsde@uhs.nhs.uk, or post the completed form to us at the address below:

Wessex SDE Opt-Out, c/o UHS R&D, University Hospital Southampton, Duthie Building, Southampton, SO16 6YD.

Section A: Complete for the person who wants to opt out – either yourself or someone for whom you have legal authority to act

Title:	Last name:
Forename(s):	
Address:	
Postcode:	Email:
Date of Birth:	NHS Number (if known):



Section B: Only to be completed if you are a representative acting on behalf of a person who wants to opt out, or are signing on behalf of someone under 13 for whom you have parental responsibility

Your name:

Relationship to person who wants to opt out:

- ☐ I confirm I have authority to act for the person who wants to opt out / I have parental responsibility for the person who wants to opt in.
- ☐ I understand there may be circumstances that mean further checks are needed to ensure correct information is provided when someone is acting for another, or signing on behalf of someone for whom they have parental responsibility.

Declaration

By signing below, I confirm that I am requesting that NHS health and care data relating to me, or the person for whom I have parental responsibility or legal authority, is **not** made available for use within the Wessex Secure Data Environment.

I confirm that I have the appropriate authority to make this request. I understand that the information provided in this form will be used solely to process the local opt-out and maintain appropriate records.

I acknowledge that providing false or misleading information, or misrepresenting my authority, may result in the request being refused.

Full name:

Date

Signature

OFFICE USE ONLY

Date received:

Received by (name or staff ID):

Date identity checked and confirmed:

Date opt-out recorded in system:

Date confirmation sent to individual:

Reference number (if applicable):

