



Date

Your name
Your address

Medical professional's, or practice manager's name
Practice address

Dear (name),

Ref: (individual's full name and date of birth)

I am writing in respect of my (or 'my child's') data which is held by you.

I would like you to note that I do not consent to my data (or 'my child's data') being shared with any other individual or agency, except where that sharing is necessary for me (or 'my child') to receive necessary medical treatment.

As you are aware, all patients have rights to data protection under the Data Protection Act 2018 and GDPR. Data can also be subject to protection under the Human Rights Act 1998 Article 8, which provides the right to privacy. Furthermore, medical professionals must also maintain an awareness of the common law duty of confidentiality, as any information shared within the patient and medical professional relationship, is subject to confidentiality. Consequently, implied consent cannot be relied upon for sharing confidential health data with any third party, or organisation, which is not providing direct care to me (or 'my child') and which does not have a legitimate relationship with me (or 'my child') sufficient for the sharing of confidential data.

Yours Sincerely

Name in full