



The Corner Surgery Southport

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Right to Object Policy

Summary

- *Prepared by* Dr David Smith (Data Protection Officer)
- *Effective from* 25th May 2018
- *Last reviewed* 29th March 2023
- *Next review date* 31st March 2024

Introduction

<https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/individual-rights/right-to-object/>

The General Data Protection Regulation (GDPR) gives individuals the right to object to the processing of their personal data in certain circumstances.

Individuals have an *absolute* right to stop their data being used for direct marketing. For The Corner Surgery (hereby referred to as “we”, “us” or “the practice”), we only email you or use your mobile number to text you regarding matters of medical care, such as appointment reminders and if appropriate, test results. Unless you have separately given us your explicit consent, we will not email you for non-medical matters, such as practice newsletters and other information.

When Does the Right To Object Apply?

Individuals can object if data processing is for the *exercise of official authority* - Article 6(1)(e) of the GDPR. This is the legal basis for much of the processing that the surgery performs. The practice does *not* rely upon Article 6(1)(e) - performance of a task carried out *in the public interest*.

The practice provides all necessary fair processing information to enable individuals to be informed of their right to object. This information will be presented separately from other information about their data subject rights.

Recognising an Objection

An objection to processing in accordance with the GDPR/ Data Protection Act (DPA) 2018 can be made as a written request, which includes by email or fax, to the data controllers: Drs Mulla and Smith (the practice contract holders).

An objection can also be made as a verbal request, especially if the person that the patient is making the request to can verify the patient's identity, e.g. their General Practitioner (GP). Such a request can be made face-to-face or by telephone and in such cases, a written record of such an objection request should be documented. That written request should then be passed on to either the Practice Manager, Ms Dawn Nicholson or the Information Governance lead, Dr David Smith.

A request does not have to include the phrase "objection to processing" or "Article 21 of the GDPR" or "data protection" or "right to object".

The requestor should provide enough proof to satisfy the practice of their identity, and the practice is entitled to verify their identity using "reasonable means"). The practice must only request information that is necessary to confirm who the requestor is.

An individual must give specific reasons why they are objecting to the processing of their data, based upon their particular situation, unless they are objecting to processing that has an already well-established 'opt-out' mechanism (see below).

Patients Living Abroad

For former patients living outside of the UK and who once had treatment for their stay here, under GDPR/ DPA 2018 they still have the same rights to make a request for an objection. Such a request should be dealt with as for someone making such a request from within the UK.

Patient Representatives

A patient can give written authorisation for a person (for example a solicitor or relative) to express an objection on their behalf. The practice must be satisfied that the third party making the request *is entitled* to act on behalf of the individual, but it is the third party's responsibility to provide evidence of this entitlement. This might be a written authority to make the request, or it might be a more general power of attorney (Lasting Power of Attorney for Health and Welfare) in the case of an individual who no longer has the mental capacity to manage their own health.

Court Representatives

A person appointed by the court to manage the affairs of a patient who is incapable of managing his or her own affairs may express an objection.

Next of Kin

Despite the widespread use of the phrase 'next of kin' this is not defined, nor does it have formal legal status. A next of kin cannot give or withhold their consent to the sharing of information on a patient's behalf. A next of kin cannot express an objection on behalf of a patient.

Children

No matter what their age, it is *the child* who has the data subject rights about their information. Before responding to data subject rights expressed for information held about a child, we should consider whether the child is mature enough to understand their rights. If we are confident that the child can understand their rights, then we should usually respond directly to the child. We may, however, allow the parent to exercise the

child's rights *on their behalf* if the child authorises this, or if it is evident that this is in the best interests of the child.

What matters is that the child is able to understand (in broad terms) what it means to make an objection and the possible consequences of doing so. When considering borderline cases, the practice should take into account, among other things:

- The child's level of maturity and their ability to make decisions like this
- The nature of the personal data
- Any court orders relating to parental access or responsibility that may apply
 - A person with parental responsibility is either:
 - The birth mother, or
 - The birth father, if married to the mother at the time of child's birth or subsequently, or listed on the birth certificate from 1st December 2003
 - An individual given parental responsibility by a court.

This is not an exhaustive list but contains the most common circumstances.

If the appropriate health professional considers that a child patient is Gillick competent, i.e. has sufficient maturity and understanding to make decisions about their records, then the child should be asked for his or her wishes regarding the objection.

If the child is not Gillick competent and there is more than one person with parental responsibility, each may independently exercise their right to express an objection. Technically, if a child lives with, for example, its mother and the father expresses an objection on the child's behalf, there is no "obligation" to inform the mother. In practical terms, however, this may not be possible and both parents should be made aware of data subject rights expressed unless there is a good reason not to do so.

In all circumstances, good practice dictates that a Gillick competent child should be encouraged to involve parents or other legal guardians in any treatment, disclosure or objection decisions.

Existing 'Opt-Out' Mechanisms

For many data sharing schemes, a well-established 'opt-out' mechanism already exists by which patients can prohibit the processing of their personal data. Examples include the National Summary Care Record (SCR); EMISWeb data sharing; and secondary uses - type 1 objections preventing the extraction and uploading of data to NHS Digital, or the release of personal data authorised under Section 251 of the National Health Service Act (2006)/ Confidentiality Advisory Group (CAG) approval.

In these cases, an objection is equivalent to the opt-out, with certain differences:

- The individual does *not* have to give any reason why they wish to object/opt-out
- The objection/opt-out is applied without delay
- The processing undertaken may rely upon an Article 6 legal basis other than 6(1)(e); for example, *legal obligation* for the National Diabetes Audit upload.

Notification of Objections

The practice will keep a central record of all objections, with the exception of processing activities for which there already exists an 'opt-out' mechanism, in order to ensure that requests are cross-referenced with any complaints or incidents, and that the deadlines for response are monitored and adhered to.

Fees

The practice must comply with the request free of charge

Manifestly Unfounded or Excessive Objections

Where objections are manifestly unfounded or excessive, taking into account whether the objection is repetitive in nature, the practice can:

- Charge a reasonable fee taking into account the administrative costs of complying with the request, or
- Refuse to deal with the objection.

Timescales for Complying With the Objection

The practice must act upon the objection without undue delay and at the latest, *within 28 calendar days*. This is calculated from the day *after* the request is received, which will be day 1, and the response must be provided by the end of day 28.

The period for responding to the objection begins at its receipt, or:

- When the practice receives any additional information required to confirm the identity of the requestor
- When the practice receives any additional information requested (and required) to clarify the objection.

The practice will be able to extend the period of compliance by a further two months where requests are complex or numerous. If this is the case, the practice must inform the individual within one month of the receipt of the objection and explain why the extension is necessary.

Requirement to Consult an Appropriate Health Professional

It is the GP's responsibility to consider an objection expressed by an individual. That GP is likely to wish to discuss it with other members of the practice, and indeed it would be sensible for any such objection to be discussed at a practice meeting.

Grounds for Refusing an Objection

In the case of Article 6(1)(e) the right to object is not absolute.

The practice can continue processing if:

- We can demonstrate compelling legitimate grounds for the processing, which override the interests, rights and freedoms of the individuals, or
- The processing is for the establishment, exercise or defence of legal claims.

If an individual objects on the grounds that the processing is causing them substantial damage or distress, e.g. financial loss, then the grounds for objection will have more weight.

Informing of the Decision Not To Disclose

The practice must inform the individual without undue delay and within one month of the objection being expressed.

We should inform the individual about:

- The reasons that we are not taking action
- The right to make a complaint to the Information Commissioner's Office (ICO) or another supervisory authority
- The ability to seek to enforce this right through a judicial remedy.

This includes situations where we are refusing to deal with the objection on the grounds that it is manifestly unfounded or excessive, or that no fee was paid.

Accepting and Complying With an Objection

If we decide that we have no grounds to refuse an objection, then we must stop processing data in this way.

We will need to institute mechanisms to ensure that we can comply with the objection, whether by erasing, suppressing or otherwise ceasing to process personal data, whilst still allowing us to process the data for other purposes, such as the provision of safe medical care.

The data, i.e. the GP record, will need to be marked or flagged in such a way to ensure that it is not processed for purpose(s) that the individual has objected to.

Dr David Smith

Attached Form: Recording Objections Made Verbally – In Person or By 'Phone



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Recording Objections Made Verbally – In Person or By ‘Phone

<input type="checkbox"/> I have positively identified the patient <input type="checkbox"/> This request has been made by somebody other than the patient:	
Name of patient:	
Date of birth:	
NHS number:	
Date of request:	
How was the request made?	<input type="checkbox"/> Face to Face <input type="checkbox"/> By Telephone
Is the patient wanting to ‘opt out’ of any of these?	<input type="checkbox"/> The National Summary Care Record <input type="checkbox"/> EMISWeb Data Sharing <input type="checkbox"/> All Secondary Uses
What exactly does the patient want to object to and why?	
Details of the objection:	
Remind patient that he/she might be contacted by the practice for further information or clarification of the objection, if needed.	
Pass this request on to the Practice Manager, Ms Dawn Nicholson or Information Governance Lead, Dr David Smith	