



## AUTHORISATION FOR NWIS IG, DPO SUPPORT SERVICE LEVY

**To:** The Director of Finance, NHS Wales Shared Services Partnership

**I, the**

**undersigned:** \_\_\_\_\_

[Insert name of suitable authority]

**of:** \_\_\_\_\_

[Insert name and address of General Medical Practice]

a duly appointed representative of the practice having entered into an agreement with Digital Health and Care Wales (DHCW), whereby it will provide an Information Governance (IG), Data Protection Officer (DPO) Service as defined in V1.3 of the accompanying Service Schedule, hereby authorise and request the NHS Wales Shared Services Partnership (NWSSP), Primary Care Services (PCS) (unless and until this Authority and Request shall be revoked) to deduct from the sums due to me such an amount per quarter in respect of each of the persons included in my list at the commencement of each quarter.

Cost per patient per annum - 0.106183 pence x practice patient count based on quarterly capitation reports.

And I hereby request and authorise the NWSSP to pay DHCW the sum as described in the aforesaid per patient value.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please return this completed mandate to [DHCWGMPDPO@wales.nhs.uk](mailto:DHCWGMPDPO@wales.nhs.uk)

Or via post to the IG, DPO Support Service, 6<sup>th</sup> Floor, Digital Health and Care Wales, Tŷ Glan-y-Afon, 21 Cowbridge Rd East, Cardiff, CF11 9AD

**FOR OFFICE USE ONLY:**

Sent to Database Coordinator on:	Entered by Database Coordinator on:	Checked by Responsible Officer on:

Swyddog Diogelu Data

Data Protection Officer  
Support Service

