

**REQUEST TO OPT OUT**

Please complete this form, amending any details as necessary and return It along with the appropriate identification to:

Care and Health Information Exchange  
Building 003  
NHS South Central& West CSU  
Fort Southwick  
James Callaghan Drive  
Fareham  
PO17 6AR

1. Check the following details are correct and amend or complete as necessary:

**Please Tick:**      **Dr**       **Mr**       **Mrs**       **Ms**       **Miss**

**First Name(s):** (in full) \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Doctor's Name (if known):** \_\_\_\_\_

**Surgery Name & Address:** \_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE:**      This is a local project and you will only be included in the Care and Health Information Exchange if your GP Practice is located within Hampshire.

2. In order to ensure only you can Opt your records out, proof of identification is required. Please enclose a **PHOTOCOPY** of **TWO** or **MORE** of the following showing your:

- First name
- Last name
- Address
- Date of birth.

Examples are:

Current UK Driving Licence	<b>or</b>	<b>Personal ID</b>	<b>plus one of the following</b>	<b>Address ID</b>
		Current signed passport		Recent utility bill ( <b>Within the last 3 Months</b> )
		ID Card		Local Authority Council Tax Bill
		Birth Certificate		Bank/Building Society Statement of personal account

**If this information is not provided we cannot process this application any further.**

3. **Declaration: To be completed by the applicant. Please note that any attempt to mislead may result in prosecution.**

I ..... certify that the information given on this application form is true. I understand that it is necessary for the Care and Health Information Exchange to confirm my identity, and that it may be necessary to make further checks in order to ensure the correct information is provided.

4. **Please tick JUST one of the boxes below to indicate your required opt out preference**

- I wish to opt out of sharing my data to **both** the Care and Health Information Exchange (CHIE) and Care and Health Analytics (CHIA)
- I **only** wish to opt of out of sharing my data to Care and Health Analytics (CHIA)

.....

Signature

.....

Date