

**CANCELLATION OF OPT OUT OF SHARING DATA TO CHIE**

By signing this form, you are confirming that you now wish to 'opt in', and you are happy to have a digital shared health and care record in CHIE. Please complete and return this form, along with the appropriate identification to: [info.chie@nhs.net](mailto:info.chie@nhs.net)

Please Tick:                      Dr     Mr     Mrs     Ms     Miss

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

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

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

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

GP Name (if known): \_\_\_\_\_

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

This is a local system and you will only be included in the Care and Health Information Exchange if your GP Practice is located within Hampshire and the Isle of Wight.

Proof of identification is required to ensure that the Opt In is being carried out for the correct person. Please enclose a **PHOTOCOPY** of **TWO** or **MORE** of the following showing your: First Name, Last Name, Address and Date of Birth

<b>Current UK Driving Licence</b> <u>Or</u> one of these <b>Personal ID:</b> Current signed passport, ID Card or Birth Certificate	<b>Plus one of the following that shows your address</b>	Recent utility bill ( <b>Within the last 3 Months</b> )
		Local Authority Council Tax Bill
		Bank/Building Society Statement of personal account

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

**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 to ensure the correct information is provided.

.....

Signature

Date