

REQUEST TO OPT OUT YOUR CHILD FROM SHARING DATA TO CHIE

Please complete and return this form, along with the appropriate identification to: info.chie@nhs.net

Child's First Name(s):

Child's Last Name:

Child's Home Address:

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Child' Date of Birth:

Child's GP Name:

Surgery Name & Address:

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

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

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

In addition, please also enclose a copy of the child's birth certificate.

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.

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Signature or parent/guardian

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Date