



Care and Health Information Exchange CANCELLATION OF OPT OUT FOR YOUR CHILD

By signing this form, you are confirming that you now wish to 'opt in', and you are happy for your child to have a Shared Electronic Health Record.

Child's Name(s): (in full)					
Last Name:					
Home Address:					
Date of Birth:					
Doctor's Name (if known):					
Surgery Name & Address:					
FLEASE 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.				

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

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

	tion: To be completed by the applicant. Please note prosecution.	e that any attempt to mislead may
application to confirm	certify to compare the compared that it is necessary for the Common my identity, and that it may be necessary to make further ion is provided.	Care and Health Information Exchange
Please t	ick JUST one of the boxes below to indicate your requ	uired opt out preference
	I only wish to opt in to sharing my data to the Care and h	Health Information Exchange (CHIE)
	I wish to opt in to sharing my data to both the Care and and Care and Health Analytics (CHIA)	d Health Information Exchange (CHIE)
Signa	ature of Parent / Guardian	Date

Please check and amend the details as necessary and return the completed form to:

Care and Health Information Exchange

NHS South, Central and West Commissioning Support Unit Building 003 Fort Southwick, James Callaghan Drive, Fareham, Hants PO17 6AR