

**Care and Health Information Exchange  
CANCELLATION OF OPT OUT**

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

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

.....

(Amend details if required)

**Last Name:**

.....

.....

(Amend details if required)

**Home Address:**

.....

(Amend details if required)

.....

.....

**Date of Birth:**

.....

(Amend details if required)

.....

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

.....

(Amend details if required)

.....

**Surgery Name and Address:**

.....

(Amend details if required)

.....

.....

In order to ensure the correct person's details are electronically shared 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.**

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

I **only** wish to opt in to sharing my data to the Care and Health Information Exchange (CHIE)

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

.....  
Signature

.....  
Date

(Without a signature we will not be able to proceed with your request)

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