



Hampshire Health Record

REQUEST TO OPT OUT

Please complete this form, amending any details as necessary and return it. Along with the appropriate identification to:

Hampshire Health Record
HQ Omega House
112 Southampton Road
Eastleigh
SO50 5PB

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 Hampshire Health Record 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	or	Personal ID	plus one of the following	Address ID
		Current signed passport		Recent utility bill (Within the last 3 Months)
		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 Hampshire Health Record to confirm my identity, and that it may be necessary to make further checks in order to ensure the correct information is provided.

.....
 Signature

.....
 Date