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**Formal Opt - Out Form for Wessex PIER Network Regional Guidelines**

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| **To be completed by the provider Trust** | |
| **Provider Trust:** | |
| **Guideline/ Policy Opt – Out**  **Title :** | **Rationale for Opt Out :** |
| **Signature of Clinical Lead :**  **Signature:**  **Print Name:**  **Date:**  **Email address:** | **Medical Director Trust :**  **Signature:**  **Print Name:**  **Date:**  **Email address:** |
| **Date Received by the Network Team :** | |
| **Send signed copy to:**  **Or email scanned signed copy to:** | |