******

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

|  |
| --- |
| **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:** |