

Change of Address Form

Use this form if you have received a letter from us about the HSE cyber-attack and would like CHI to update your postal address. (Please note this will only update your address for the the purpose of this notification process.)

If you have not received a letter from us notifying you that your data was illegally accessed and copied in the HSE cyber-attack, then please do not complete this form. Kindly complete the form in BLOCK LETTERS.

Use this form if:

- You want to request an update to your postal address

How we will use the information you provided in this form:

We will use the information in this form to match with the records on our system. Once we have confirmed your information, we will update your postal address as requested. For more information on how we process your data see our privacy policy – <https://childrenshealthireland.ie/privacy/>. It's important that we have the correct postal address for you.

What you need to do:

- 1) Complete this form
- 2) Attach a photocopy of your government-issued photo ID, such as passport, driving licence or public services card – photocopy both sides of your driving licence or public services card
- 3) Attach a proof of your address such as utility bill or bank statement dated within the past three months
- 4) Post this completed form with a copy of your ID and proof of address to:
CHI, PO Box 13571, Dublin 8, Ireland

XXXX

The last 4 digits of your letter PIN (This is the 8-digit code at the top of your letter)

Full Name (of the impacted individual)

Date of Birth

Parent(s) / Guardian(s) Name (if applicable)

Any Previous Names

Current Address

Previous Addresses (if applicable)

Primary phone number | Other phone number

Email address

Thank you for informing us of your current postal address (phone/email) details. We will update your contact information in the CHI Data Notification service system. Should you wish to update your address with your local CHI hospital then please contact them directly.

Please tick below boxes to confirm:

- I confirm that the information I have provided is correct.
- I agree to be contacted by CHI via the contact details provided.
- I have attached a photocopy of my government-issued photo ID for the purpose of ID verification.
- I have attached a proof of my address dated within the past three months.

Signature

Date

For Employee Use Only

Received By:

Name

Date