

BC Cancer Screening Programs: Notification Opt-Out Form

<p>1. Personal Information Print your current first, middle and last names (as they appear on your health card); current mailing address (street number and name, town, province and postal code); date of birth; health card number and current telephone number. This information is required to correctly identify you in our records.</p>			
Last Name		First and Middle Name	
Full Address		Date of Birth	
		____ ____ ____ Year Month Day	
Health Card (PHN) Number		Telephone Number	
<p>2. Request to Stop Receiving Notifications Check the box(es) next to the cancer screening program(s) that you no longer want to be contacted by:</p>			
Breast Screening	Cervix Screening	Colon Screening	Lung Screening
<p>If you complete this section and sign this form, it means that you assume full responsibility for the decision to not receive communication from the program(s) that are designed to support you with cancer screening.</p> <p>If you want to stop receiving program invitations, results and recall notices from a cancer screening program, complete this section. Examples include mailed invitations and reminders when it is time to be screened for breast, cervical, colon and/or lung cancer and test results. By making this request, you take full responsibility for your decision to stop receiving notifications from the program(s).</p>			
<input type="checkbox"/> I do not wish to receive a notice confirming this request.			
<p>3. Authorization By signing this form, you agree that the information provided is true and correct and that you understand and accept the terms and conditions set out herein.</p>			
Signature		Date	
_____		_____	
<input type="checkbox"/> I am a Substitute Decision Maker and consent to BC Cancer Screening calling me to confirm the details on this form.			
Substitute Decision Maker name:			
Substitute Decision Maker phone number:			
<p>Please complete this form and return via fax, email or mail:</p> <ul style="list-style-type: none"> • Fax to 604.877.6115 • Email to screening@bccancer.bc.ca • Mail to: <ul style="list-style-type: none"> BC Cancer Screening Client Services Centre Suite 711, 750 West Broadway Vancouver, BC V5Z1H1 			