

Instructions for Filling Out the Participant Information Form



The following screening programs are funded and run by Ontario Health and the Ministry of Health (MOH):

- Ontario Abdominal Aortic Aneurysm Screening Program
- Ontario Breast Screening Program
- Ontario Cervical Screening Program
- ColonCancerCheck

Use this form if you want to:

- Stop getting letters from 1 or more screening programs
- Change your personal information, such as your address or phone number

Section 1: Personal Information

Fill out Section 1 with up-to-date and correct personal information.

Section 2: Request to Stop Getting Letters and Phone Calls

If you want to stop getting letters and phone calls from a screening program, fill out Section 2. Examples of letters include those inviting and reminding you when it is time to be screened. You take full responsibility for your decision to stop getting letters and phone calls from the program.

Section 3: Request to Change Personal Information

If you want to update your personal information in the data registry, such as your address and telephone number, write your old, out-of-date personal information in Section 3, and write your up-to-date and correct personal information in Section 1. Remember to also update ServiceOntario and your primary care provider's office.

Section 4: Authorization

Sign and write the date in Section 4. If you are a substitute decision-maker, you must also fill out and return a Substitute Decision-Maker/Delegate Form. Return your completed form by mail or fax to:

- **Ontario Health Contact Centre**

Fax: 1.866.682.9534

- **Ontario Health Contact Centre**

525 University Avenue, 5th Floor
Toronto, Ontario
Canada M5G 2L3

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Privacy Statement

By filling out and submitting this form, you consent to Ontario Health's collection of the personal information you provide. Ontario Health collects the personal information on this form in accordance with sections 38(2) and 41(1) of the *Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c.F.31 (*FIPPA*), as amended. Ontario Health will not use the personal information you provide for any purpose other than those stated on this form, unless you provide your consent. Ontario Health is fully compliant with *FIPPA* and will only collect, use and disclose your personal information in accordance with the law and applicable Ontario Health privacy policies.

Accessibility

Ontario Health is committed to ensuring accessible services and communications to people with disabilities. To get any information on this website in an alternate format, please contact Ontario Health's Communications Department at: 1-877-280-8538, TTY 1-800-855-0511, or by email at info@ontariohealth.ca.

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FAQ: Opting Out of Being Contacted About Screening Programs

How do the screening programs at Ontario Health contact me?

The screening programs for cancer and other chronic diseases managed by Ontario Health may contact you by mail. Most people in these programs get 1 or 2 automatically generated letters every year. If we need to contact you right away, such as to make an appointment with a primary care provider, a program representative may call you.

What letters might I get from Ontario Health about screening?

- **invitations and reminders** to talk to your primary care provider about screening programs
- **test results** after you do a screening test
- **appointment cards** if we make an appointment for you with a primary care provider
- **other personalized letters** to answer any questions and concerns you might send us

Can I choose not to be contacted about the screening programs?

At your request, we will stop sending you letters about screening programs. To make this request, fill out the following sections of the screening programs: Participant Information Form:

- Section 1. Personal Information
- Section 2. Request to Stop Getting Letters and Phone Calls
- Section 4. Authorization

It can take up to 30 days to process your request. Until then, you might get other letters or phone calls about screening programs. Once your request is processed, we will send you 1 last letter to let you know that you were removed from the mailing list, unless you ask us not to send you a confirmation letter in Section 2 of the Participant Information Form.

What will change after I ask to stop being contacted by Ontario Health about screening programs?

You will still have access to the same health care services, including screening services, if you ask to stop getting letters and phone calls from the screening programs.

However, you will not be invited or reminded by Ontario Health to talk to your primary care provider when it is time to get screened.

You will not get your screening test results in the mail, and you will not be told when to seek necessary treatment if your screening results aren't normal. You, with your primary care provider, will be responsible for staying up to date with your screening appointments.

If you do not have a primary care provider and would like to get your test results, call us toll-free, Monday to Friday between 8:30 a.m. and 5:00 p.m. at 1.866.662.9233 and we will send you your test results by mail. Please have your health card (OHIP card) ready when you call so we can confirm your identity.

You and your primary care provider will be responsible for staying up to date with your screening appointments.

If I ask not to get letters, what will happen to my personal health information?

Ontario Health collect, use and disclose your personal health information (such as your test results) under the privacy legislation (Personal Health Information Protection Act, 2004 and the Freedom of Information and Protection of Privacy Act). Additionally, Ontario Health uses your screening information for planning purposes, such as to figure out how screening services can be improved for people in Ontario. To ensure appropriate protection of your personal health information, Ontario Health's privacy practices are reviewed and approved by the Information and Privacy Commissioner of Ontario.

What if I change my mind?

If you would like the screening programs to start contacting you again, we are happy to add you back to our mailing list. Call the Ontario Health Contact Centre toll free at 1.866.662.9233 Monday to Friday from 8:30 a.m. to 5 p.m. Have your health card (OHIP card) ready to confirm your identity.

Screening Programs: Participant Information Form



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; current telephone number and current email.

Last Name		First and Middle Names	
Full Address		Date of Birth year month day	
Health Card Number 	Version 	Telephone No. 	Email Address

2. Request to Stop Getting Letters and Phone Calls

Check the box(es) next to the screening program(s) that you no longer want to be contacted by:

- ☐ Ontario Abdominal Aortic Aneurysm Screening Program
☐ Ontario Breast Screening Program
☐ Ontario Cervical Screening Program
☐ ColonCancerCheck

If you complete this section and sign this form, it means that you read and understood the frequently asked questions explaining the purpose of these programs, the consequences of not getting letters and phone calls, and the importance of screening in reducing deaths. It also means that you assume full responsibility for the decision to not get communication from the programs.

If you do not wish to get a letter confirming this request, check the box in this row:

☐ No confirmation letter

3. Request to Change Personal Information

Print your old personal information here, which will be updated in our system to the new personal information in Section 1.

Last Name		First and Middle Names	
Full Address		Email Address	

4. Authorization

By signing below, you agree that the information on this form is true and correct, and that you understand and accept the terms and conditions set out herein.

Signature	Date year month day
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☐ I am a substitute decision-maker and have attached a completed Substitute Decision-Maker/Delegate Form

FOR OFFICE USE ONLY:

Date Received:

Comments: