

# Instructions for Completing the Participant Information Form



**Ontario Health**  
Cancer Care Ontario

These cancer screening programs are funded and run by Ontario Health (Cancer Care Ontario) and the Ministry of Health and Long-Term Care (MOHLTC):

- Ontario Breast Screening Program
- Ontario Cervical Screening Program
- ColonCancerCheck

Use this form if you want to:

- Stop receiving letters from one or more of the cancer screening programs
- Change your personal information, such as your address or phone number.

## **Section 1: Personal Information.**

Complete this section with your most up-to-date and accurate information.

## **Section 2: Request to Stop Receiving Letters.**

If you want to stop receiving letters and phone calls from a cancer screening program, complete this section. Examples of letters include letters inviting and reminding you when it is time to be screened for breast, cervical, and/or colorectal cancer and letters telling you of your test results. By making this request, you take full responsibility for your decision to stop receiving letters and phone calls from the program(s).

## **Section 3. Request to Change Personal Information:**

If you want to update your personal information—address and/or telephone number—in the data registry, write your old personal information that requires updating in this section and your new information in Section 1. Remember to also update ServiceOntario and your family doctor's office.

## **Section 4. Authorization:**

Sign and write the date. If you are a substitute decision maker, you must also complete and return a Substitute Decision-Maker/Delegate Form.

Return your completed form by mail or fax to:

**Cancer Screening Contact Centre**  
Fax: 1.866.682.9534

**Ontario Health (Cancer Care Ontario)**  
Cancer Screening 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.

As a business unit of Ontario Health, Cancer Care Ontario operates the Cancer Screening Programs.

## Accessibility

Ontario Health (Cancer Care Ontario) is committed to ensuring accessible services and communications to individuals with disabilities. To receive 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](mailto:info@ontariohealth.ca).



## FAQ: Opting out of Being Contacted about Cancer Screening Programs

### How do the cancer screening programs contact me?

The cancer screening programs may contact you by mail. Most people in these programs receive one or two automatically-generated letters every year. If we need to contact you right away (e.g., to make an appointment with a doctor), a program representative may call you.

### What letters will I receive from the cancer screening programs?

- **invitations and reminders** to talk to your healthcare provider (for example, family doctor or nurse practitioner) about breast, cervical and/or colorectal cancer screening
- **test results** after you do a screening test
- **appointment cards** if we make an appointment for you with a healthcare provider
- **other personalized letters** to respond to questions and concerns you send us.

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

At your request, we will stop sending you letters about breast, cervical and/or colorectal cancer screening. To make this request, complete the following sections of the Cancer Screening Programs: Participant Information Form:

- **Section 1.** Personal Information
- **Section 2.** Request to Stop Receiving 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 about cancer screening. Once your request is processed, we will send you one last letter to let you know that you were removed from the mailing list unless you request that we not 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 (Cancer Care Ontario) about cancer screening?

You will continue to have access to the same healthcare services, including cancer screening services, if you ask to stop getting letters from the cancer screening programs.

However, you will not be invited or reminded to talk to your family doctor when it is time to be screened for cancer, you will not get your cancer 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 family doctor or nurse practitioner, will be responsible for staying up to date with your cancer screening appointments.

If you do not have a family doctor 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.

### If I request to not receive letters, what will happen to my personal health information?

Ontario Health (Cancer Care Ontario) has the authority to collect, use and disclose your personal health information (e.g., 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 (Cancer Care Ontario) uses your screening information for planning purposes— for example, to determine how cancer screening services can be improved for Ontarians. To ensure appropriate protection of your personal health information, Ontario Health (Cancer Care Ontario)'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 cancer screening programs to start contacting you again, we are happy to add you back to our mailing list. Call the Cancer Screening Contact Centre, toll-free, at 1.866.662.9233 between Monday and Friday from 8:30 a.m. to 5:00 p.m. Have your health card (OHIP card) ready to confirm your identity.

# Cancer Screening Programs: Participant Information Form



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## 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 & Middle Names            |               |
| Full Address       |         | Date of Birth<br>year month day |               |
| Health Card Number | Version | Telephone No.                   | Email Address |

## 2. Request to Stop Receiving Letters and Phone Calls

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

|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                     |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Ontario Breast Screening Program   | 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 receiving correspondence and phone calls, and the importance of screening in reducing deaths from cancer. It also means that you assume full responsibility for the decision to not receive communication from the program. |
| Ontario Cervical Screening Program |                                                                                                                                                                                                                                                                                                                                                                                                                     |
| ColonCancerCheck                   |                                                                                                                                                                                                                                                                                                                                                                                                                     |

If you do not wish to receive 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 & 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<br>year month day |
|-----------|------------------------|

I am a substitute decision-maker and have attached a completed Substitute Decision-Maker/Delegate Form

## FOR OFFICE USE ONLY:

Date Received:

Comments: