

Physician-Linked Correspondence: Opt-Out Form	
1. Personal Information Your full name, College of Physicians and Surgeons of Ontario (CPSO) number, signature and date are required*. Any contact information must be for your office/practice listed with the CPSO; please do not use your personal contact information.	
First Name*	
Last Name*	
CPSO Number*	Office Phone Number
2. Request to opt out of physician-linked correspondence for one or more screening programs	
Check the box(es) for the program physician-linked correspondence (PLC) you want to opt out of.* <input type="checkbox"/> Ontario Breast Screening Program (OBSP) PLC <input type="checkbox"/> Ontario Cervical Screening Program (OCSP) PLC <input type="checkbox"/> ColonCancerCheck (CCC) PLC	Please indicate your <u>reason(s)</u> for opting out. OBSP: _____ OCSP: _____ CCC: _____
3. Authorization By signing below, you agree that the information on this form is true and correct, and that you understand that your screen-eligible patients will no longer receive screening letters sent on your behalf. Your screen-eligible patients will continue to receive screening letters that do not include your name.	
Physician Signature (delegate cannot sign for physician)*	Date*

Return your completed form by email, fax or mail to:

Email: screenforlife@cancercare.on.ca
Fax: 1-866-682-9534

Mail: Cancer Screening Contact Centre
 Cancer Care Ontario
 18-505 University Ave, Toronto, ON M5G 1X3

For assistance completing this form, or for more information, please call us at 1-866-662-9233 from Monday to Friday (8:30 a.m. to 5 p.m.) or email us at screenforlife@cancercare.on.ca.

Privacy Statement

Cancer Care Ontario will not use the information you provide for any purpose other than those stated on this form unless you provide your consent. Cancer Care Ontario is fully compliant with the *Freedom of Information and Protection of Privacy Act* and will only collect, use and disclose your personal information in accordance with the law and applicable Cancer Care Ontario privacy policies. If you have questions about how we collect, use and disclose your personal information, please contact the Legal and Privacy Office at legalandprivacyoffice@cancercare.on.ca.

Questions and Answers: Opting out of physician-linked correspondence for one or more screening programs

What happens if I opt out of physician-linked correspondence for one or more screening programs?

If you opt out, letters for the program(s) that you have withdrawn from will not be sent on your behalf (i.e., they will not include your name); however, your screen-eligible patients will continue to receive correspondence.

Currently, physician-linked correspondence is only sent for the ColonCancerCheck (CCC) program, but will expand to the Ontario Breast Screening Program (OBSP) and the Ontario Cervical Screening Program (OCSP) in the future. If you opt out of physician-linked correspondence for the OBSP or the OCSP, your patients will not receive letters sent on your behalf when physician-linked correspondence expands to these programs.

All letters are sent according to current evidence-based screening guidelines, which are subject to change.

Can I opt out of physician-linked correspondence at any time?

You can request to opt out of physician-linked correspondence for one or more of the screening programs at any time by completing this form. Your request will be processed upon receipt; however, it can take up to 30 days for the changes to take effect. Until then, your screen-eligible patients will receive letters sent on your behalf.

What if I change my mind?

You can re-enrol by completing the consent form available at cancercare.on.ca/pcresources and faxing it to 1-866-682-9534 or emailing it to screenforlife@cancercare.on.ca.