



Opt Out Form

Use this form to opt out of all participation in the National Cancer Screening Register (NCSR) for the National Cervical Screening Program (NCSP).

Please Note: This form must be signed by the person participating (or invited to participate) in the NCSP. If you would like to make a request on another person's behalf, please call the Contact Centre.

*Indicates a mandatory field.

* Medicare Number /

* Family Name

* Given Names

* Date of Birth Day Month Year

* Address

* Suburb

* State * Postcode

Please indicate your main reason for opting out:

Not interested Privacy concerns

Other (please specify)

Once this request has been actioned, I acknowledge:

- I will not be contacted or receive any future correspondence from the NCSR for the NCSP. I can still schedule and undergo a Cervical Screening Test at any time through a Healthcare Provider (HCP).
- No further Cervical Screening information about me will be recorded on the NCSR, my authorised HCP can see I have opted out.

Confirmation:

Once this request has been actioned by the Register, you will be sent a confirmation notification. Please indicate if you do not wish to receive this notification.

No confirmation letter

*Signed:

*Date:

Day Month Year

Please send your completed form to either of the following:

- Post to **National Cervical Screening Program, Reply Paid 90964, SUNSHINE VIC 3020** (no postage stamp required), or Fax to **1800 627 702**.
- You may retract this request at any time by completing a Withdraw Request form, and by calling the Contact Centre on 1800 627 701.
- For more information about the NCSR or Cervical Screening, visit our website www.ncsr.gov.au or call 1800 627 701.