

No Letter Option Form

Screening Programs has three provincial programs designed to increase regular screening for Albertans to detect breast, cervical and colorectal cancer early. Cancers diagnosed at an earlier stage are more easily treated and treatment is more successful. If you do not wish to receive letters from the programs, please complete this form and fax it back to **1-888-944-3388**. Choosing not to receive letters from the programs will not change your access to screening tests (Pap test, screening mammography, home stool test, colonoscopy). Your health care provider will continue to receive your test results as usual.

If you would like to receive letters from our programs in the future, you may rejoin by calling **1-866-727-3926**.

Please note that we only accept No Letter Option requests for those programs you are currently age eligible for.

I do not wish to receive letters from:

Alberta Breast Cancer Screening Program*
Females age 40 & Older

****If you change the clinic you go to for your screening mammography, you have to tell that clinic you do not want your screening mammography result letters sent to you****

Alberta Cervical Cancer Screening Program
Females age 21 & Older

Alberta Colorectal Cancer Screening Program
Males & Females age 50–74

The information on this form is being collected by Alberta Health Services under section 20(b) of the Health Information Act.

Please Print

Personal Health Number: _____ - _____

Name:

Last

First

Middle

To update your Alberta Health name or address, please call toll free in Alberta: **310-0000**, then dial **780-427-3926**

Address:

City

Province

Post Code

Date of Birth:

YYYY / MM / DD

Signature:

Date Signed:

YYYY / MM / DD

For Office Use Only:

Fax

Mail

Comments: