YUKON CANCER SCREENING PROGRAMS

NOTIFICATION OPT-OUT

Introduction:

The Department of Health and Social Services manages cancer screening programs to help Yukoners stay healthy. We use this information to send you program invitations, screening results and reminders when it is time for your next test.

If you do not want to receive these letters or notifications, complete this form to opt out. By signing, you acknowledge that you are responsible for tracking your own screening needs with your health care provider.

You can still access screening services at any time, even if you choose to opt out.

Personal information

Note: Print your information as it appears on your health care card. This information is required to correctly identify you in our records.

Last name	First and middle name(s)
Phone number	Date of birth YYYY-MM-DD

Physical address

Unit # (optional)	Street number and name		
City or town		Province or territory	Postal code

Mailing address (if different from physical address)

Unit # (optional)	Street number and name or P.O. box number		
City or town		Province or territory	Postal code

Request to stop receiving notifications

Select all the program(s) you no longer want to receive notifications from including invitations, reminders and other program-related communications:

- ☐ ColonCheck Yukon (colon cancer screening)
- ☐ Cervix screening program
- ☐ Yukon Mammography Program* (breast cancer screening invitations only)
- ☐ All current and future Yukon cancer screening program

Questions or concerns about other Yukon Mammography Program communications, contact the Yukon Hospital Corporation Yukon Mammography Program directly.

By selecting an option above and signing this form, you understand that:

- you will no longer receive reminders when it is time to be screened;
- you are choosing to stop receiving notifications from the selected program(s); and
- you are responsible for keeping track of your screening needs, with support from your health care provider.

Would you like a confirmation letter sent to you after your request is processed?

☐ Yes ☐ No

Authorization

By signing below, you confirm that the information you provided is correct and that you understand and accept the terms of this opt-out request.

Signature	Date
	YYYY-MM-DD

Submit this form:

- **By mail:** ColonCheck Yukon
  305 Jarvis Street
  Whitehorse, Yukon Y1A 2H3
- **By electronic submission:** Email cancerscreening@yukon.ca to request a secure submission option. (For your privacy, do not send this form by email.)

After you submit your request:

- Your request may take up to 30 days to process. You may still receive notifications during this time.
- Your opt-out will remain in place until you ask us to reverse it.
- To update or withdraw your request, contact Yukon Cancer Screening Programs at 867-667-5497.

Questions or need assistance? Phone us at 867-667-5497.

Frequently asked questions

How will I normally be contacted?

Cancer screening programs may contact you by mail with invitations, reminders and other important information related to screening.

What types of letters might I receive?

You may receive:

- invitations when you are eligible for screening;
- reminders when you are due for screening; and
- follow-up letters related to your screening.

Can I choose not to be contacted?

Yes, fill out this Notification Opt-out form, we will stop sending you these letters. It can take up to 30 days to process your request.

What changes after I opt out?

- You will still have full access to all Yukon health care and screening services. However, you will not receive reminders or invitations from the program.
- You will be responsible for staying up to date with screening, with support from your health care provider.

What happens to my health information?

- Your information may be used for planning, purposes such as to figure out how screening services can be improved in the Yukon.
- To ensure appropriate protection of your personal health information, YG's privacy practices are reviewed and approved by the Information and Privacy Commissioner.

What if I change my mind?

- You can ask to start receiving notifications again at any time.
- Call Yukon Cancer Screening Programs at 867-667-5497, Monday to Friday from 8:30 a.m. to 4:00 p.m.
- Have your health care card ready to confirm your identity.

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