



# Cease Contact and Correspondence Form

Use this form to cease all contact and correspondence from 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 select your main reason for ceasing correspondence:

Not interested       Living or travelling overseas       Privacy Concerns

Other (*please specify*)

Please select how long you wish to cease correspondence:

Indefinitely

For a set period of time. Please resume after: Day  Month  Year

Once this request has been actioned, I acknowledge:

- I will no longer receive any contact or correspondence from the NCSR for the NCSP.
- Any information relating to future Cervical Screening will continue to be recorded on the NCSR and can be viewed by my authorised Healthcare Providers.

\*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](http://www.ncsr.gov.au) or call 1800 627 701.