



WITHDRAWAL OF REGISTRATION and/or AUTHORIZATION for the Tuberculosis Diagnostic and Treatment Services for Uninsured Persons (TB-UP) Program

Part A - To be completed by Board of Health

Name of Health Unit Telephone number ()

Address Unit Number, street name

City/Town Prov. ON Postal code

Name of TB-UP Registrant Last name First name Middle name TB-UP Registration Number

Part B - To be completed by TB - UP Registrant

Name of Registrant in full - please print Last name First name Middle name Telephone number ()

Name of Guardian/Parent (if under 16 years) - please print Last name First name Middle name Telephone number ()

Address of Registrant Apartment/Unit Number, street name

City/Town Prov. ON Postal code

- I no longer wish to be registered in the Tuberculosis Diagnostic and Treatment Services for Uninsured persons (TB-UP) program and
I withdraw my authorization for the board of health, health care providers providing services to me under TB-UP and the Ministry of Health and Long-Term Care to collect, use, share or disclose my personal health information among themselves for any purpose relating to the TB-UP program as of



Date - month/day/year

Signature (Registrant or Guardian/Parent if under 16 yrs.) Date - month/day/year

*The TB-UP program is authorized pursuant to the provisions of sections 2 (purpose), 4 (duty of boards of health), 5.2 (control of disease), 5.4.1 (collection and analysis of data), 7 (guidelines for provision of mandatory programs) and 25, 26, 29 and 31 (reporting of disease) under the Health Protection and Promotion Act, and section 6 (duties and functions of the Minister), under the Ministry of Health and Long-Term Care Act.

Collection of the personal information on this form is for determination of eligibility and registration in the TB-UP program, provision of TB-UP health services, TB-UP program administration and health program evaluation and planning. The authority for collection and use of this information is the Ministry of Health and Long-Term Care Act, section 6, and the Health Protection and Promotion Act, sections 2, 4, 5.2, 5.4.1 and 25, 26, 29 and 31. For information about collection practices contact the TBUP Program: Nursing Consultant at telephone 416-327-7419.