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

Unit Number, street name City/Town Prov. ON Postal code Name of TB-UP Registrant Last name First name Middle name TB-UP Registration II Part B - To be completed by TB - UP Registrant Last name First name Middle name Telephone numb () Name of Registrant in full - please print Last name First name Middle name Telephone numb ()			d of Health	o be completed	Part A - 1
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I no longer wish to be registered in the Tuberculosis Diagnostic and Treatment Services for Uninsured persons (TB-UP) program		afor an	name		
and Treatment Services for Uninsured persons (TB-UP) program					City/Town
 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 	ram re stry	P) program ealth care the Ministry or disclose	s for Uninsured persons ation for the board of he vices to me under TB-U m Care to collect, use, prmation among themse	and Treatment and I withdraw my providers provi of Health and I my personal he	
Signature (Registrant or Guardian/Parent if under 16 yrs.) Date - month/day/year	Date - month/da	Da	under 16 yrs.)	Registrant or Guardia	Signature (

*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.