

## Removal of Personal Information from the Alberta Newborn Screening Program Application

Complete and print this form, sign and return by mail to:

Alberta Newborn Screening Program  
Southport Atrium  
10101 Southport Road SW  
Calgary, Alberta  
T2W 3N2

<b>Infant Information</b>		
Last Name	First Name	Date of Birth ( <i>dd-Mon-yyyy</i> )
Birth Location ( <i>hospital, zone</i> )		ULI or Personal Health Number
Home Address		
City	Province	Postal Code
<b>Declaration</b>		
<p><b>I am the parent with legal authority or legal guardian of the infant described above</b>, and hereby request the Alberta Newborn Screening Program to remove personal information that identifies my infant from the Alberta Newborn Screening Program Application after newborn blood spot screening is complete and no further follow-up is required.</p> <p>I make this choice knowing that:</p> <ul style="list-style-type: none"> <li>■ My infant's health information is protected in a secure, private and confidential application.</li> <li>■ Health information is collected, used and disclosed in accordance with the Health Information Act.</li> <li>■ Removal of data refers to masking, which makes personal and health information not automatically visible within the Alberta Newborn Screening Program Application.</li> <li>■ Masking data in the Alberta Newborn Screening Program Application does not mask my infant's health information in other electronic information systems used by health service providers in Alberta. If I have questions regarding masking in other electronic information systems, I will contact my healthcare provider.</li> </ul>		
Last Name	First Name	
Signature		Date ( <i>dd-Mon-yyyy</i> )