

Removal of Personal Information from the Alberta Newborn Screening Program Application

Please print this form, complete, sign and return by mail to

Alberta Newborn Screening Program
2210 - 2 Street SW
Calgary, Alberta
T2S 3C3

Infant Information			
Infant Name <i>(Last, First)</i>		Infant Birthdate <i>(dd-Mon-yyyy)</i>	
Infant Birth Location <i>(Hospital, Zone)</i>		Infant ULI or Personal Health Number	
Home Address	City	Province	Postal Code
Declaration			
<p>I, _____, parent (with legal authority) or legal guardian of the infant described above, 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"> ● My infant's health information is protected in a secure, private and confidential application. ● Health information is collected, used and disclosed in accordance with the <i>Health Information Act</i>. ● Removal of data refers to masking, which makes personal and health information not automatically visible within the Alberta Newborn Screening Program Application. ● 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. 			
Name of Parent/Guardian with legal authority <i>(Last, First)</i>			
Signature of Parent/Guardian with legal authority			Date <i>(dd-Mon-yyyy)</i>