



Opt-out

(to cease participation in CervicalCheck)

**The completed form is to be returned to
 CervicalCheck – The National Cervical
 Screening Programme
 Freepost LK407 Limerick**

Name (BLOCK LETTERS): _____

Address (BLOCK LETTERS): _____

DOB (dd/mm/yyyy)

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PPS No. (if known)

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CSP ID (if known)

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I have considered my cervical screening needs and advise that I do not wish to continue participating in CervicalCheck – The National Cervical Screening Programme.

I understand that under the Health Act 2018, the programme will continue to hold my personal data on file, in line with HSE Record Retention Policy guidelines, as it processes data ‘for reasons of public interest in the area of public health’ and that more information is available from www.hse.ie/eng/gdpr/

I am aware that I will not receive any further correspondence from CervicalCheck.

Signed: _____

Date (dd/mm/yyyy)

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Note: This form should only be used if you do not wish to continue participating in CervicalCheck. If you have had an abnormal cervical screening test result, and/or a recommendation for follow-up following cervical screening, or if you have never had cervical screening, then you should consult with your doctor.