



Withdraw from Healthelink Form

ONLY COMPLETE THIS FORM IF YOU DO NOT WANT TO PARTICIPATE IN HEALTHELINK

It's your choice whether you take part in the electronic health record pilot. You can choose to remain in the program or withdraw at any time. To withdraw please call us on **1800 75 22 66** or complete this form and send it to: Healthelink EHR, Reply Paid 84121, PARRAMATTA, NSW, 2124 (no stamp necessary).

Once withdrawn, Healthelink will keep some personal information (name, address and date of birth) about you to ensure that no future health information is added to your record. Any information already stored in your record will be hidden and no health care providers will have access to it.

You can change your mind at any time. To rejoin the program contact us on **1800 75 22 66**.

Please use **BLOCK LETTERS**. (Parents or Guardians complete this on behalf of your child)

| | | | | | |
|--|----------------------|----------------------|----------------------|----------------------|----------------------|
| First Name | <input type="text"/> | | Last Name | <input type="text"/> | |
| Healthelink User ID (from letter) | <input type="text"/> | Date of Birth | <input type="text"/> | Sex (M/F) | <input type="text"/> |
| Residential Address | | | | | |
| <input type="text"/> | | | | | |
| <input type="text"/> | | | | | |
| Suburb | <input type="text"/> | State | <input type="text"/> | Postcode | <input type="text"/> |

It would be helpful if you let us know why you have withdrawn from Healthelink: _____

If you are a parent or guardian wishing to opt your child out of the Healthelink program, please enter your details below:

| | | | |
|-------------------------------|----------------------|------------------------------|----------------------|
| First Name | <input type="text"/> | Last Name | <input type="text"/> |
| Daytime Contact Number | <input type="text"/> | Relationship to Child | <input type="text"/> |

Declaration:

- I understand that I am withdrawing myself/my child out of the Healthelink program and that no further health information will be collected and stored by Healthelink
- I understand that I need to keep my personal details up-to-date at any health care facility that I attend to prevent another electronic health record from being created

Signed: _____ Date: _____