

Ontario Private Health Plan Inc.  
Attention: Privacy Officer  
P.O. Box 133, Station A.  
Etobicoke, Ontario  
M9C 4V2

Withdrawal of Consent

I would prefer that the Ontario Private Health Plan Inc. or its affiliated companies not have my personal information or share it with the Ontario Private Health Plans' associated service organizations, affiliates and partners. I recognize that this choice may limit the ability of the Ontario Private Health Plan Inc. to continue to offer or supply products and services to me or me or my business.

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

*Thank you for your time. Please send this notice by mail or facsimile to the Ontario Private Health Plan Inc. at the above address to register your privacy preferences. Please note, these changes may result in a follow up call from the Ontario Private Health Plan Inc. to notify you of your contractual obligations and any changes in service resulting from your choice.*

*Faxcimile:905-891-2604*