



The New Zealand Cerebral Palsy Register (NZCPR)

Authorisation to opt-out or delete an existing record from the NZCPR

Individual or child's details

Surname: _____

First name: _____

NHI: _____

Date of birth: __/__/____ **Gender:** M/F

Contact name (*must be parent/ guardian if under 16 years*): _____

Address: _____

Authorisation (please tick relevant option)

I would like to opt-out of having my/ my child's health information about cerebral palsy entered onto the NZCPR:

Reason (*optional*): _____

I do not agree to have my de-identified data shared with the Australian CP Register group

I do not wish to be contacted about taking part in relevant research studies

I would like to remove an existing record from the NZCPR. I understand removal means that the record becomes "silent" and the NHI, date of birth and any health information already relating to cerebral palsy already recorded will be retained.

Signature: _____ **Date:** __/__/____

Please post the completed form to:

The NZCPR
C/o Paediatric Orthopaedics
Starship Children's Hospital
Park Road
Private Bag 92024
Auckland 1142

Alternatively scan and email the form to: nzcprregister@adhb.govt.nz