



Florida Sickle Cell Registry Opt-Out Form

This form is required to opt out of the Florida Sickle Cell Registry, confirming the removal and deletion of sickle cell screening information, as well as protected health information (PHI) such as medical and treatment information.

By completing this form, you are stating that you no longer want to be included in the Florida Sickle Cell Registry.

Name of Individual:

Last Name: Middle Initial: First Name:

Date of Birth (MM/DD/YYYY): Sex: M (male) F (female)

Parent or Guardian (if applicable):

Last Name: Middle Initial: First Name:

Telephone Number:

Street Address: Apt/Unit/Suite:

City: State: ZIP:

I understand that by signing this form, my sickle cell screening information and other PHI will be permanently removed and deleted from the Florida Sickle Cell Registry.

Requestor Signature/Parent or Guardian Signature

Date Signed

Please complete this opt-out form and email or mail it to:

Email: info@scdregistry.org

Mailing Address:

FSCDR
Attn: Florida Sickle Cell Registry
1685 South State Road 7, Unit 4
Hollywood, FL 33023

Phone: 844-446-5744

Complete this opt-out form online at <https://scdregistry.org/>
For more information about the Sickle Cell Registry, please visit <https://scdregistry.org/>