



## AUTHORIZATION FOR RELEASE OF PERSONAL HEALTH INFORMATION

There is a \$34.50 (includes HST) non-refundable fee payable at time of request. The fee for a Verification of Dates is \$11.50 (includes HST). Additional fees may apply, see the Form Instruction Sheet on page 3 for details.

This form is valid for 12 months after the date it is signed. If you are authorizing us to release information to a 3rd party, you only need to do a new form if the 3rd party is seeking additional information not authorized below.

- Check here if this request is for the records of a deceased person. If you are seeking records for a deceased person, please include one of the following pieces of documentation:
  - A copy of the Grant of Administration or Letters of Probate for the Estate **OR**
  - A copy of the pages of the will showing you as the executor of the will **OR**
  - If there is no will, documentation of your relationship with the deceased.

### Section 1: Patient / Client Demographic Information:

Last Name	First Name	Middle Initial	Previous Surname (if applicable)	Date of Birth (YYYY/MON/DD)
Provincial Health Card Number		Primary Telephone Number		Email Address
Mailing Address (Street, Unit or Apt.)			Mailing Address (City, Province, Postal Code)	

NSHA may check ID to verify that an individual has the authority to access personal health information before release of records. Please provide a copy of a valid photo ID with your form which includes both your picture and a signature.  **Staff Use Only-ID Received?**

- Check here if this request is for a copy of your own records and skip to Section 3

### Section 2: I am authorizing release of information to the following Individual(s):

Name of Individual/Organization	Address
Telephone Number	Fax Number
Email Address	

- With this release, I authorize NSHA staff and physicians to verbally discuss this personal health information with the Recipient listed above.

### Section 3: Details Regarding the Records to be Released:

Release Records from which NSHA Zone (additional contact information found on the Form Instruction Sheet)

<input type="checkbox"/> Halifax, Eastern Shore, and West Hants Areas APHI@nshealth.ca	<input type="checkbox"/> Cape Breton, Guysborough, and Antigonish Areas NSHAROI@nshealth.ca	<input type="checkbox"/> Colchester-East Hants, Cumberland, and Pictou Areas NSHAROI@nshealth.ca	<input type="checkbox"/> Annapolis Valley, South Shore, and South West Nova Scotia Areas NSHAROI@nshealth.ca
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Please list the name(s) of the Hospital/Health Centre in the NSHA Zone from which you need the Records:

Please list the time frame for the records you are requesting:

- Specific Date Range: \_\_\_\_\_ (YYYY/MON/DD) to \_\_\_\_\_ (YYYY/MON/DD)
- All dates (including 12 months after the signature date of this form)
- All dates (up to the signature date on this form).

You may revoke your consent provided by this form at any time by contacting [privacy@nshealth.ca](mailto:privacy@nshealth.ca)



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### I am seeking access to:

- Verification of Dates
- Whole Record **OR**
- The following specific Health Records – Please list the specific facilities, programs (i.e. Cancer Care, Diabetes, Emergency), or providers (provide as much detail as possible about the records you are seeking to access):

Please include in my request (**Note: these records will not be released unless box is checked**):

- Addictions and Mental Health visits

### I would like my personal health information made accessible in the following format:

- E-mail (Secure File Transfer)
- Photocopies (for an additional fee of \$0.20 per page over 25 pages)
- View my record in person

If requesting **photocopies** of records, I wish to:  Pick the records of in person **OR**  Have the records delivered by regular mail

Payment is required prior to the processing of all records request. Payments may be accepted by cash, credit card, or cheque. Please see the Form Information and Payment Information Sheet on page 3 for more details on how to make payment.

### Fee Schedule:

Below is a list of the most common associated fees.

#### Request Fees (HST included):

Visit History	\$11.50
Processing Fee	\$34.50 (includes processing request, up to 30 minutes of review/prep time, copying up to 25 pages)

#### Additional Fees that may be incurred based on the type and size of your request (HST WILL BE ADDED TO ALL LISTED FEES):

Preparation of Record	\$12.00 for each additional 30 minutes after the first 30 minutes
Viewing of a Record	\$ 6.00 for each additional 30 minutes after the first 30 minutes
Diagnostic Images on a CD	\$10.00

Requests for access to records are also subject to additional fees if requestor is seeking expedited access to off-site records, delivery by courier, or out of country mailing.

### Section 4: Signature:

I consent to the Nova Scotia Health Authority (NSHA) releasing the personal health information described in Section 3 (the "Records") to myself/the Recipient listed in Section 2. I may withdraw my permission at any time, in writing, as long as the Records have not already been released. I hereby release NSHA and its employees and agents from any and all claims whatsoever that may arise as a result of the release of the Records pursuant to this Release Form. I understand that NSHA must provide an estimate of fees to me prior to the release of the Records and that my request will not proceed until I agree to the fees. I am personally responsible to pay any fees associated with the release, and fees may be payable in advance of any access.

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Signature of  Patient  Substitute Decision Maker  Guardian/Family Member Date (YYYY/MON/DD)

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Signature of Witness (Required if no copy of ID has been provided) Date (YYYY/MON/DD)

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Relationship of Witness to Patient:  Guardian/Family Member  Other: \_\_\_\_\_

Please contact the Privacy Office via email at [Privacy@nshealth.ca](mailto:Privacy@nshealth.ca) or via telephone at 1-833-213-1634 for additional inquiries regarding this form, process, or fees charged for access to your health records.



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### Form Instructions, Release of Information Contacts, and Payment Information

#### Instructions:

**Section 1:** Fill in the name and contact information of the person you are requesting records for (includes self-access of records).

**Section 2:** Fill in the name of the person you are requesting that NSHA release records to (you do not need to include your name for access to your own records, just check the applicable box).

**Section 3:** Indicate the geographical area or areas in Nova Scotia that you need records from, the time frame you are seeking records for, and the type of records you are seeking. Please be as specific as possible in your description. Please also indicate the format in which you would like to receive your records (paper or as a PDF sent via secure email).

**Section 4:** Signature (see page 2). We must have a signature for all requests. A witness signature is required if you are not providing this form in person. All patients age 12 and over must sign for their own release of information unless they lack capacity and have substitute decision maker.

Records for Greater Halifax, Eastern Shore, and West Hants APHI-Halifax Infirmary Rm 1123, 1796 Summer St. Halifax, NS B3H 3A7 T: 902-473-5512 F: 902-473-2091 E: <a href="mailto:APHI@nshealth.ca">APHI@nshealth.ca</a>	Health Information Services South Shore Regional 90 Glen Allan Drive Bridgewater, NS B4V 3S6 T: 902-543-4604 ext. 2489 F: 902-543-5336 E: <a href="mailto:NSHAROI@nshealth.ca">NSHAROI@nshealth.ca</a>	Health Information Services Colchester East Hants Health Centre 600 Abenaki Road Truro, NS B2N 5A1 T: 902-893-5554 ext. 42489 F: 902-893-5550 E: <a href="mailto:NSHAROI@nshealth.ca">NSHAROI@nshealth.ca</a>	Health Information Services Cumberland Regional 19428 Hwy 2 Amherst, NS B4H 3Y4 T: 902-667-5400 ext. 6466 F: 902-667-6034 E: <a href="mailto:NSHAROI@nshealth.ca">NSHAROI@nshealth.ca</a>	Health Information Services St. Martha's Regional 25 Bay Street Antigonish, NS B2G 2G4 T: 902-867-4500 ext. 4189 F: 902-863-6006 E: <a href="mailto:NSHAROI@nshealth.ca">NSHAROI@nshealth.ca</a>
Health Information Services Yarmouth Regional 60 Vancouver Street Yarmouth, NS B5A 2P5 T: 902-742-3542 ext. 1113 F: 902-742-4329 E: <a href="mailto:NSHAROI@nshealth.ca">NSHAROI@nshealth.ca</a>	Health Information Services Valley Regional 150 Exhibition Street Kentville, NS B4N 5E3 T: 902-679-2657 ext. 2182 F: 902-679-0557 E: <a href="mailto:NSHAROI@nshealth.ca">NSHAROI@nshealth.ca</a>	Health Information Services Aberdeen Regional 835 East River Road New Glasgow, NS B2H 3S6 T: 902-752-7600 ext. 2225 F: 902-752-2332 E: <a href="mailto:NSHAROI@nshealth.ca">NSHAROI@nshealth.ca</a>	Health Information Services Cape Breton Regional 1482 George Street Sydney, NS B1P 1P3 T: 902-567-7214 F: 902-564-9305 E: <a href="mailto:NSHAROI@nshealth.ca">NSHAROI@nshealth.ca</a>	Please contact <a href="mailto:NSHAROI@nshealth.ca">NSHAROI@nshealth.ca</a> or the Privacy Office via email at <a href="mailto:Privacy@nshealth.ca">Privacy@nshealth.ca</a> or via telephone at <b>1-833-213-1634</b> for inquiries about additional locations.

#### Most Common Fees Associated with Disclosing Personal Health Information:

Activity	Maximum Fee
Making photocopies of a record	\$ .20 per page
Preparing a record for photocopying, printing or electronic transmission	\$12.00 for every 30 minutes after the first 30 minutes referenced in the general fee under clause 14(f)
Making a compact disk containing a copy of diagnostic imaging	\$10.00 per request
Supervising an individual's examination of original records	\$ 6.00 for every 30 minutes after the first 30 minutes referenced in the general fee under clause 14(h)
Retrieving a record from off-site storage	Cost varies

All fees must be paid in Canadian Funds. Cheques are to be made payable to Nova Scotia Health Authority. Visa, MasterCard and American Express credit cards are accepted.

*The Personal Health Information Act section 82(3) provides that a custodian has the discretion to determine whether to grant a fee waiver request if, in the custodian's opinion, the individual cannot afford the payment or for any other reason it is fair to excuse payment. Please contact your local office regarding the process to request a fee waiver.*

