

MEDICARE REQUEST FOR RELEASE OF INFORMATION AUTHORIZATION FORM

Toll Free: 1-800-563-8880 ext. 7116

Ph: (902) 496-7116 Fax: (902) 469-4636

TO: MSI (Nova Scotia Medical Services Insurance)
Health Information Department
ATTN: CAROL COUTTS-JARRETT
PO Box 500
Halifax NS B3J 2S1

I, _____ authorize Medavie Blue Cross and the MSI Program to release to _____ (*insert either name of patient or designated recipient*) any and all information as to my medical condition, treatment and professional services which relate to any **MSI** and **WCB claims** for the period of _____ to _____.
For Citizenship and Immigration Canada requests please check here ☐.

Witness' Signature

Patient's (or Parent/Guardian's Signature)

Date

Date

Patient's Name (Please Print)

Date of Birth

Patient's Health Card Number

Old MSI Number (if available)

Patient's Telephone Number

Patient's Mailing Address

Patient's Civic Address

In order to avoid delays, please ensure this form has been completed and witnessed on the same day.