



Authorization for Visit History Instruction Sheet

Please refer to the following information to complete the attached form correctly.

Section 1 Requests for visit history require completion of the patient identification information section. Please include your complete mailing address, telephone number, and health card number.

Section 2 Be specific about what information you want released. Please indicate the year you require.

Section 3 All authorizations must be signed and dated. Completed visit histories cannot be faxed, they must be picked up or mailed to the patient.

All Visit Histories must be prepaid. Please return your payment for \$11.50 (\$10.00 plus HST) with your completed authorization form.

For Credit Card Payment:	Make Cheques Payable to:
Call (902) 473-8476 or (902) 473-8475, fax (902) 473-5718, or complete the following:	Nova Scotia Health Authority
Mastercard VISA AMEX Send Payments to:	NSHA Financial Services
Card #: _____	P.O. Box 9000
Expiry Date: _____	Halifax, NS B3K 6A3
	Please detach this remittance form



NSHA Financial Services

Authorization for Visit History Only

(to be used by persons requesting their own Visit History)

Please note: there will be a charge of \$10.00 plus HST, for this service. Fee in Total - \$11.50

Mail your completed authorization form along with payment to the NSHA address below. NSHA Financial Services, PO Box 9000 Halifax, NS B3K 6A3

1. Patient Identification Information: (please print)	
Last Name: _____ First Name: _____ Middle initial _____	
Address _____	
Previous Surname: _____	Date of Birth: _____ / _____ / _____ <small>Year Month Day</small>
Provincial Healthcard number _____	Daytime telephone number _____
2. I Request	
Visit History _____	Do you require Nova Scotia Cancer Centre visit history _____
Please provide us with any specific visit history you require _____ _____	
3. Signature	
Patient Signature: _____	Date: _____

This form will authorize the release of the visit history gathered prior to the date of signature. Charges will apply for each additional request made after date of signature.

Please see Access to Personal Health Information Office if you require copies of health record information. A separate Authorization is required and fees apply. Call (902) 473-5512 for more information.

For anyone requesting a visit history for a deceased spouse/or next-of-kin, please contact the Access to Personal Health Information Office @ 473-5512.

