

NB Health Link

Authorization to Release Information (v.3, 2022)



Note: Your information is protected in accordance with the New Brunswick *Right to Information and Protection of Privacy Act* as well as the New Brunswick *Personal Health Information Privacy and Access Act*. If you have any questions about this form or how your information is protected, please contact NB Health Link's Privacy Office at 506-872-6594.

By completing and signing this form you authorize the sharing of your personal information and/or personal health information in the manner described below. You may revoke this authorization at any time by contacting NB Health Link's Privacy Office.

I, _____ (print full name), of _____
_____ (print address), hereby authorize _____ (name
of person or information custodian) to release my personal information and/or personal health information to
_____ (print name/title of person or organization to whom the
information may be released). I am also providing my date of birth _____ and medicare number
_____ for information retrieval.

Please specify the parameters of the information to be shared with the person(s) named above (check one, and fill in the blanks):

- All information in my name held by _____ (name of person or information custodian named above)
- Only information held in my name from _____ (date) to _____ (date)
- Only information related to _____ (specify incident/ treatment/ service)
- Other (please specify):

Signature

Date

Witness

Date

The authorization provided by this form will remain in effect unless revoked. If you wish to revoke the authorization, please contact NB Health Link's Privacy Office at 506-872-6594.

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Administrative Use Only

Received by: _____

Date: _____