

Address Consent Form

About this Form

Your personal health information is protected by the *Personal Health Information Act* and can only be updated by you or someone with your express consent.

To authorize your spouse/common-law partner to update your address, please complete this form. This authorization is limited to address updates and does not permit changes to your other personal information. Once authorization is provided, any address change made by your spouse/common-law partner for a dependant will also apply to the family address. In addition, both you and your spouse/common-law partner will be able to enquire and update information related to your dependant(s).

The consent will remain in effect until you revoke it or MSI is notified that you have moved out of Nova Scotia. You may revoke your consent at any time by visiting <https://novascotia.ca/dhw-med-02> or contacting MSI at 902-496-7008 or 1-800-563-8880 (toll-free in Canada).

For more information regarding address consent, please visit: <https://novascotia.ca/dhw-med-04>.

Resident Information

Last Name				First Name				Middle Name			
Date of Birth	Day	Month	Year	Health Card Number				Daytime Phone Number		Other Phone Number	

Spouse/Common-law Partner Information

Last Name				First Name				Middle Name			
Date of Birth	Day	Month	Year	Health Card Number				Daytime Phone Number		Other Phone Number	

Address

Mailing Address				City/Town/Community				Province/State		Postal/Zip Code	
Civic Address (if different)						City/Town/Community					

Signatures

Resident Signature _____	Date _____
Spouse/Common-law Partner Signature _____	Date _____

Both signatures are required

Submit Your Form

Online:
<https://novascotia.ca/dhw-med-01>

By mail:
MSI Resident Services
PO Box 500
Halifax, NS B3J 2S1

By fax:
902-481-3160

For questions, please call 902-496-7008 or 1-800-563-8880 (toll-free in Canada)

The personal health information submitted above is protected by the *Personal Health Information Act* and is only collected, used, retained, and disclosed to process your request unless otherwise authorized by the legislation or with your express consent. This information is collected under the authority of the *Health Services and Insurance Act*, or the *Fair Drug Pricing Act* to administer Nova Scotia's health insurance and drug programs.