

Revoke 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 withdraw your consent for your spouse/common-law partner to update your address, please complete this form or contact MSI directly.

For more information about 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			

Address

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

Signature

I withdraw my consent for my spouse/common-law partner to change my address. I understand that the withdrawal of my consent will be effective on the date my request is processed by MSI.

Signature _____ Date _____

Signature not required if submitting through your MSI Online account

Submit Your Form

Online: https://novascotia.ca/dhw-med-02	By mail: MSI Resident Services PO Box 500 Halifax, NS B3J 2S1	By fax: 902-481-3160
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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.