



## Authorization and Consent for Disclosure of Personal Information to a Member of the Legislative Assembly

To: \_\_\_\_\_ Member of the Legislative Assembly (MLA) of Nova

Scotia for the Constituency of: \_\_\_\_\_

### Consent (Please Print)

I, \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_  
(Name) (Address) (City, Town)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Telephone# Home) (Cell#) (Email – optional)

Health Card # \_\_\_\_\_ *(only provide if the matter pertains to programs of Department of Health and Wellness)*

consent to the MLA and his/her staff, collecting or using my personal information for the purpose of:

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I also consent to the MLA and his/her staff using my personal information until the matter is resolved or until I revoke this consent.

I further consent to the MLA disclosing this information to another MLA, Minister, their staff or caucus staff, in confidence, and consent to that MLA, Minister, their staff or caucus staff, collecting, using or disclosing my personal information only in relation to the above matter.

**Notice:** Your personal information, whether in paper or electronic form, will only be used for the purpose of resolving the problem you identified. The information will be securely retained in my Constituency Office, and will only be accessed and used by authorized staff. The records will be securely destroyed according to the rules affecting constituency files.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

*Note: For matters relating to the NS Health Authority or the IWK that require access to health care records, most likely you will be asked to sign a separate consent form.*