



Release to Third Party Request Form

? How to reach us

New Brunswick Prescription Drug Program

PO Box 690

City/town:_

Moncton, NB E1C 8M7

Toll-Free Number: 1-800-332-3692

Fax: 1-888-455-8322 Website: gnb.ca/NBPDP New Brunswick Drug Plan

PO Box 690

Moncton, NB E1C 8M7

Toll-Free Number: 1-855-540-7325

Fax: **1-888-455-8322**

Website: gnb.ca/drugplan

Last name:	First name:	Initial:
Date of birth: DD / MM	_ / YYYY	
Plan ID or Medicare number:		
ADDRESS		
Building number and street:		Apt.:
City/town:	Province:	_ Postal code:
	ntity - Third Party ————————————————————————————————————	
Last name:		Initial:
Last name:	First name:	Initial:

Postal code: ________

Province: _

Consent —	
By signing this form, you are giving the New Brunswick Depersonal information about you with the person you name about this permission by calling our toll-free number lister	e below. You can always change your mind
I, (insert name)	, authorize the
New Brunswick Drug Plans to release to (insert name of the	
O all my personal health information;	
O specific personal health information regarding	, for the purpose of
Signature:	Date: DD / MM / YYYY
• Witness Information	
Anyone 19 years of age or older may be the witness excelebelow, the witness is attesting that the individuals listed or	pt the individuals listed on this form. By signing
Printed name:	Telephone number:
Signature:	Date: DD / MM / YYYY

5 Important Note

Your personal information is collected, used and disclosed 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. For more information, visit www.gnb.ca/healthprivacy or call our toll-free number listed on page 1.

In cases where documents contain the personal information of more than one individual, each individual must consent by completing a separate consent form prior to the disclosure of information.