



**Disclosure to Researcher (without consent) Notification Form to report under s. 57(d) of the *Personal Health Information Act***

Send to: [oipecns@novascotia.ca](mailto:oipecns@novascotia.ca)

Custodian:	
Custodian contact:	
Research Project #:	
Project Title:	
Principal Researcher:	
Affiliated Organization:	

**1. Application and Research Plan**

	The researcher submitted a written application for access to personal health information.
	The custodian received a copy of the research plan and it meets the requirements of <i>PHIA</i> s. 59.

**2. Data Matching and Data Linking (only required if the researcher plans to do data matching or linking)**

	The researcher will be linking the data to other information. The researcher has provided a description of the other information and how the linkage will be done.
	The researcher will be data matching. The researcher has provided an explanation of why data matching is required.

**3. Research Ethics Committee Approval**

	A Research Ethics Board (REB) meeting the requirements of the Tri-Council Policy on Ethical Conduct for Research Involving Humans has reviewed and approved the proposed research project.
	The custodian has received a copy of the Research Ethics Board approval decision.
	The Research Ethics Board determined that consent of the individuals is not required.

<b>Name of REB:</b>	
<b>Date of Decision:</b>	
<b>Decision #:</b>	
<b>Basis for the REB determination that consent is not required:</b>	

**4. Custodian Researcher Agreement**

	The custodian has entered a signed agreement with the researcher.
	The terms and conditions of the agreement meet the requirements of s. 60(2) of <i>PHIA</i> .
	The custodian has included any terms and conditions imposed by the Research Ethics Board in the custodian-researcher agreement.

<b>5. Custodian Verification of Satisfaction</b>	
<p><b>Minimum Amount Necessary:</b> Provide the basis on which the custodian is satisfied:</p> <ul style="list-style-type: none"> <li>(a) the research cannot be conducted without the personal health information disclosed;</li> <li>(b) the personal health information is limited to that which is necessary to accomplish the purpose of the research;</li> <li>(c) the personal health information is in the most de-identified form possible for the conduct of the research.</li> </ul>	
<p><b>Impracticability:</b> Provide the basis on which the custodian is satisfied that it is impracticable for the researcher to obtain consent from the individuals whose personal health information is disclosed.</p>	

<b>6. Personal Health Information Disclosed</b>	
<input type="checkbox"/>	The researcher was granted access to a complete medical record (a chart check).
<input type="checkbox"/>	The researcher was granted access to a portion of a complete medical record (partial chart check).
<input type="checkbox"/>	The researcher was granted access to specified and personally identified data elements.

<b>Date of Disclosure</b>	
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<b>Data Elements Involved (check all that apply)</b>							
<input type="checkbox"/>	Address, postal code, etc.	<input type="checkbox"/>	Biometric identifiers (DNA, finger print, retinal pattern, etc.)	<input type="checkbox"/>	Date of birth	<input type="checkbox"/>	Date of death
<input type="checkbox"/>	Email address	<input type="checkbox"/>	Ethnicity	<input type="checkbox"/>	Family history	<input type="checkbox"/>	Family income
<input type="checkbox"/>	Gender	<input type="checkbox"/>	Genetic information	<input type="checkbox"/>	Health care card number	<input type="checkbox"/>	Infectious disease status
<input type="checkbox"/>	Identifiable images	<input type="checkbox"/>	Initials	<input type="checkbox"/>	Medical record #	<input type="checkbox"/>	Mental health status
<input type="checkbox"/>	Name	<input type="checkbox"/>	Race	<input type="checkbox"/>	Religious affiliation	<input type="checkbox"/>	Social insurance #
<input type="checkbox"/>	Telephone #	<input type="checkbox"/>	Treatment dates	<input type="checkbox"/>	Diagnosis	<input type="checkbox"/>	Health Card #
<input type="checkbox"/>	Other (specify)						

<b>7. Custodian Maintains a Record of Disclosure Without Consent</b>	
<input type="checkbox"/>	A description or copy of the personal health information and the subject(s) to whom it pertains.
<input type="checkbox"/>	Name of the person or organization to whom the personal health information was disclosed.
<input type="checkbox"/>	Date of the disclosure.
<input type="checkbox"/>	Authority for the disclosure.
<input type="checkbox"/>	Can be supplied to any affected individual with the documentation upon request.

**Return this Notification Form to:**  
 Office of the Information and Privacy Commissioner for Nova Scotia  
 PO Box 181 Halifax NS B3J 2M4  
 Telephone: 902-424-4684 / Toll-free 1-866-243-1564  
 TDD/TTY 1-800-855-0511  
 Website: <https://oipc.novascotia.ca>  
 Email: [oipecns@novascotia.ca](mailto:oipecns@novascotia.ca)