TEMPLATE 6-2

***Personal Health Information Act***

**ESTIMATE OF FEES – ACCESS TO PERSONAL HEALTH INFORMATION**

[Date]

This form is used to state the estimate of fees payable under section 82 of the *Personal Health Information Act (PHIA)* for access to your personal health information. **Please note that this is an estimate only**. The actual fees may be lower or higher, but will not exceed the amount prescribed in the *Personal Health Information Act* Regulation. Please direct any questions about this fee estimate to the contact listed below.

The estimate of fees for access to your record is:

General Fee (maximum $30.00) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specific fees (see attached for detail) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Direct costs \_\_\_\_\_\_\_\_\_\_\_\_\_\_

HST \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total estimate of fees \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please acknowledge your acceptance of the above estimate by signing below and returning the **original** of this form to our office. In order to process your request for access, we require [ ] of the above fees.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(print name)* accept the fee estimate as stated on this form. I understand that the actual fee may be higher, but will not exceed the amount prescribed in the *Personal Health Information Act* Regulations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**Please deliver or mail your original form to:**

**Name of contact person**

**Name of custodian**

**Address of custodian**

**Phone: 902-XXX-XXXX**

**Fax: 902-XXX-XXXX**

You have the right to request a review of this fee estimate decision by the Review Officer appointed pursuant to *PHIA.* The review must be filed with the Review Officer in writing within 60 days of the date of this letter. The Request for Review form is attached. The form should be sent to:

**Review Officer**

***Personal Health Information Act***

**P.O. Box 181**

**Halifax, Nova Scotia, B3J 2M4**

**Phone: 902-424-4684
Toll-free: 1-866-243-1564
Fax: 902-424-8303**

**Detail of Fee Estimate**

1. **General fee**

The activities charged under the **General Fee** include:

* receiving and clarifying the request;
* locating and retrieving the record (including records held electronically);
* providing an estimate of the access fee to the requester;
* review of the record for not more than 15 minutes by a health information custodian or an agent of the custodian to determine if the record contains personal health information to which access may be refused under *PHIA* s. 72(1);
* severing of the record where access may be refused under *PHIA* s. 72(1);
* preparation of the record for photocopying, printing or electronic transmission for not more than 30 minutes;
* preparation of a response letter to the requester;
* supervising an individual’s examination of original records for not more than 30 minutes; and
* the cost of mailing a record by regular mail to an address in Canada.
1. **Specific Fees**

In accordance with the *Personal Health Information Act* Regulation, additional specific fees may be charged in addition to the general fee, and any direct costs (see below). For your request, the additional specific fees are:

* Photocopies (@ $.20/page)
* preparation of the record
* faxing a record

Making a:

* + CD of the record;
	+ microfiche copy of microfiche;
	+ paper copy of microfiche;
	+ copy of audio cassette;
	+ copy of video cassette;
* producing a copy of medical film
* printing a photograph
* review for severing (over 15 minutes)
* supervision of your examination of your record (over 30 minutes)
1. **Direct fees**

In accordance with the *Personal Health Information Act* Regulation, direct cost fees may be charged in addition to the general fee and any specific fees. For your request, the direct costs are:

* individual’s request for expedited access and retrieval
* individual’s request for delivery by courier
* individual’s request for mailing to an address outside Canada
* taxes payable on the services provided