

Third Party Authorization to Release Information

IMPORTANT INFORMATION FOR APPLICANTS

NNAS protects your privacy and will only discuss your application with you, unless you request otherwise. If you choose to allow NNAS to provide information about your file or application status to another person, you must complete and submit this Third-Party Authorization form to designate that person.

The completed Third-Party Authorization form can be submitted to NNAS through the NNAS applicant portal. NNAS only keeps one mailing address per applicant. Therefore, NNAS will send any mailed correspondence to that address.

Please note: You can cancel your Third-Party Authorization at any time by submitting a written request to NNAS by mail or through the applicant portal. In that request, please state that you wish to cancel the Third-Party Authorization and provide the name of the Third Party.

SECTION 1: APPLICANT INFORMATION

Full Legal Name: _____

NNAS Application/File Number: _____

Date of Birth: _____

Email Address: _____

Mailing Address: _____

Phone Number: _____

SECTION 2: AUTHORIZED THIRD PARTY INFORMATION

Full Legal Name of Authorized Third Party: _____

Organization/Agency Name (if applicable): _____

Relationship to Applicant: _____

Email Address: _____

Mailing Address: _____

Phone Number: _____

SECTION 3: APPLICANT INFORMATION

Please indicate the level of access you are granting to your authorized Third Party by selecting one of the following:

- **Full Access** - The authorized Third Party may receive all information about my NNAS application, including application status, advisory report details, document submissions, and correspondence.
- **Limited Access** - The authorized Third Party may only receive information regarding the following (please specify):

Please note: This authorization permits the Third Party to receive information and communicate with NNAS on your behalf regarding your application status. However, the Third Party is **not** authorized to:

- **Make changes to your application, including changes to account ownership or contact information**
- **Create duplicate or additional applications on your behalf**
- **Submit documents or make payments without your documented knowledge and consent**

Any actions taken by the Third Party that fall outside the scope of this authorization, including unauthorized account changes, duplicate applications, or misrepresentation, may result in the suspension of the Third Party's authorization, investigation by NNAS, and potential consequences including a cease-and-desist notice.

SECTION 4: APPLICANT ACKNOWLEDGEMENT AND DECISION TO USE A THIRD PARTY

By completing this form, I acknowledge and understand the following:

1. I have made the decision to use a third-party provider to support me with my NNAS application process. I understand that this is my choice and that NNAS does not require applicants to use third-party providers.
2. I understand that I remain solely responsible for all information submitted in my NNAS application, regardless of whether a Third Party assists with the submission.
3. I understand that NNAS is not responsible for any actions taken by the Third Party, including but not limited to errors, delays, unauthorized changes, or misrepresentation.
4. I understand that any fees paid to NNAS are non-refundable in cases where errors or issues arise from the actions of a Third Party.

5. I understand that if the Third Party engages in conduct that violates NNAS policies, including but not limited to creating unauthorized accounts, making unauthorized changes, or misrepresenting information, NNAS reserves the right to suspend or revoke this authorization and take any further action it deems appropriate.
6. I acknowledge and agree that all mail and email correspondence related to my application will be sent to both authorized Third Party's mailing address and my email address, as specified in Section 2, unless and until this authorization is revoked.

SECTION 5: NOTICE AND LEGAL TERMS

NOTICE: By signing below you:

(1) Allow NNAS and their service providers to disclose confidential, personal, and private information about you and your file at NNAS to the person designated in Section 2;

(2) Release and indemnify NNAS, its members, service providers, trustees, officers, and employees from any liability for losses, damages, or claims of any type arising out of actions taken by NNAS in reliance upon this Third-Party Authorization to release information (hereafter known as "Authorization"); and

(3) Acknowledge that you have read and understood the scope and limitations of this Authorization as described in Section 3 and Section 4.

DURATION: This Authorization will remain valid from the date the Authorization is received by NNAS until such time as your application process is complete and your advisory report has been issued or until this Authorization is revoked by you.

REVOCACTION: This Authorization can be revoked by submitting a new Third-Party Authorization form dated and signed after the initial authorization. In addition, you may revoke this Authorization in writing at any time, which will be effective on or after the 30th day after NNAS receives it, by regular mail, courier mail, or through the applicant portal, at NNAS offices. This authorization revokes any previous authorization submitted by me.

SECTION 6: APPLICANT SIGNATURE

Applicant Full Name (Print): _____

Applicant Signature

Date (YYYY-MM-DD)

SECTION 7: THIRD PARTY ACKNOWLEDGEMENT

By signing below, the authorized Third Party acknowledges and agrees to the following:

1. I will act in the best interest of the applicant at all times and will not take any action that has not been authorized by the applicant.
2. I will not create, modify, or duplicate the applicant's NNAS account or application without the applicant's explicit knowledge and documented consent.
3. I will not make changes to the applicant's account ownership, contact information, or application details without the applicant's explicit knowledge and documented consent.
4. I understand that any violation of these terms may result in the immediate revocation of this authorization, investigation by NNAS, and potential legal action, including a cease-and-desist order.
5. I understand that NNAS reserves the right to refuse to accept applications submitted through my organization or agency if a pattern of non-compliance or misrepresentation is identified.

Third Party Full Name (Print):

**Organization/Agency Name
(if applicable):**

Third Party Signature:

Date:

Submit this completed form to:

National Nursing Assessment Service (NNAS) Email: applicantnavigators@nnas.ca.

For questions about this form, please contact the NNAS Applicant Support Team at applicantnavigator@nnas.ca.

NNAS Third-Party Authorization Form | Effective June 2026