



Veterans Affairs
Canada

Anciens Combattants
Canada



Consent for Veterans Affairs Canada to Release Personal Information to Third Parties

Protected B when completed.

CSDN ID		File No.
Last name*	First name*	Middle name(s)
Mailing address (No., Street, Apartment No., PO Box, RR No.)		City/Town/Village
Country	Province/Territory/State	Postal Code/ZIP
Service No.(s)/RCMP Regimental No.(s) (if applicable)		
Date of birth (yyyy-mm-dd)		
Indicate the benefit/service/program for which you are approving release of information (see Table 1).		
<hr/> <hr/> <hr/> <hr/>		
Note: The VAC benefits/programs, in Table 1, marked with ** are applicable to RCMP Members.		

I give permission to Veterans Affairs Canada (VAC) to release the following information:

If you require additional space, please make a note on the page where additional space is needed, and then provide the additional information on a separate page.

1. **Specify in detail, the information authorized for release:** (Clearly state the name of the specific reports, forms, information to be released, and any specific instructions.)

This information may be released to:

Name/Institution	Telephone (Country Code, Area Code, No.) <input type="radio"/> Canada/US <input type="radio"/> Other ()	
Mailing address (No., Street, Apartment No., PO Box, RR No.)	City/Town/Village	
Country	Province/Territory/State	Postal Code/ZIP



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2. **Specify in detail, the information authorized for release:** (Clearly state the name of the specific reports, forms, information to be released, and any specific instructions.)

This information may be released to:

Name/Institution	Telephone (Country Code, Area Code, No.) <input type="radio"/> Canada/US <input type="radio"/> Other ()		
Mailing address (No., Street, Apartment No., PO Box, RR No.)		City/Town/Village	
Country	Province/Territory/State	Postal Code/ZIP	

☐ If you list more than one name and you do not wish for their names and addresses to be disclosed with each of the others, check this box.

Privacy Notice

The personal information provided on this form is collected under the authority of the legislation for which the Minister of Veterans Affairs is responsible. The relevant information is collected to support your request for benefits, service(s) and/or facilitation of treatment, and if applicable, to proceed with delivery of case management services. If service and health records are required, VAC has the authority to obtain them directly from the Department of National Defence, Library and Archives Canada, and/or the Royal Canadian Mounted Police (RCMP) Health Services, as applicable. **The personal information received by VAC may be shared with other VAC programs to decide if you may be eligible for additional benefits, or for participation in commemorative activities, where applicable.** These disclosures are shown in Personal Information Banks as consistent uses in accordance with the *Privacy Act*. Providing your information is voluntary. However, if you do not complete any part of this form or if you submit an incomplete form, there may be delays.

The personal information collected on this form is protected from unauthorized disclosure by the *Privacy Act*. Personal information, including Service Health Records obtained by VAC may be shared with Public Works and Government Services Canada (PWGSC) for the purpose of creating a digital image of the record to be used by VAC. By Order in Council 2011-1348, Human Resources and Skills Development Canada (HRSDC) may provide services on behalf of VAC. Other contracted resources acting on behalf of VAC, such as Medavie Blue Cross, may have access to certain personal information in support of VAC's programs.



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Privacy Notice (continued)

The *Privacy Act* also gives you a right of access to personal information about yourself under the control of the Department, as well as a right to challenge the accuracy and completeness of your personal information and have it changed as appropriate.

Foreign Countries applicants: Please be advised that the *Privacy Act* does not apply to foreign authorities or service providers. Your personal information may not be given the same protection as it would be in Canada.

For further information on the above statement, contact the Access to Information and Privacy Coordinator's Office, Veterans Affairs Canada, PO Box 7700, Charlottetown, PE, C1A 8M9. Please note that VAC maintains Personal Information Banks on all its programs which include: Financial Support (VAC PPU 510); War Veterans Allowance (VAC PPU 040); Disability and Death Compensation/Disability and Death Benefits, Special Awards and Allowances, Prisoner of War and Detention Compensation (VAC PPU 215); Disability and Death Compensation/Treatment Allowance (VAC PPU 340); Health Care Benefits and Other Health and Re-establishment Services/ Rehabilitation Services and Vocational Assistance (VAC PPU 300).

As well, VAC maintains Personal Information Banks on other VAC programs. You may consult Info Source (<http://infosource.gc.ca>) to review VAC's Personal Information Banks.

I understand that my consent shall remain in effect until I write VAC and advise that my consent is no longer valid. If this happens, it does not affect the information VAC released, while VAC had my consent.

I have read and understood the privacy notice statement.

If you are presenting yourself to VAC, for the first time, as this client's Power of Attorney/ Guardian, you will also need to provide a copy of the relevant documents with this form.

Signature		<input type="checkbox"/> POA/Guardian	Date (yyyy-mm-dd)
Telephone (Country Code, Area Code, No.) <input type="radio"/> Canada/US <input type="radio"/> Other ()		Other telephone (Country Code, Area Code, No.) <input type="radio"/> Canada/US <input type="radio"/> Other ()	

If you have any questions, please do not hesitate to contact a VAC representative at:

1-866-522-2122 (English)

1-866-522-2022 (French)



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For office use only: Please use the following space to provide additional instructions for the specific information required and/or additional direction/clarification concerning the release of information.

Table 1

Program/Service	Description
Disability/Survivor Pension**	Compensation for service-related disability or death under the <i>Pension Act</i> . This includes surviving spouse/common-law partner and/or dependant benefits.
Disability/Survivor Award	Compensation for service-related disability or death under the <i>Canadian Forces Members and Veterans Re-establishment and Compensation Act</i> . This includes surviving spouse/common-law partner and/or dependant benefits.
Earnings Loss Benefit	An income replacement program.
Health Benefit Program (Access to the Public Service Health Care Plan)	This program offers eligible Veterans and certain survivors access to group health insurance under the Public Service Health Care Plan.
Permanent Impairment Allowance/Supplement	A monthly allowance payable for lost job opportunities due to permanent and severe impairment.
Long-term Care	Financial support for eligible Veterans who require long-term care.
Canadian Forces Income Support	A payment payable if you have completed the Rehabilitation Program and you are able to work but unable to find a job or have a low-paying job.
Rehabilitation/Vocational Assistance	A program that helps you with the transition to civilian life and restore your ability to function in your home, community and workplace.
Case Management Services**	Case management services can help you and your family if you are dealing with complex needs and require assistance.
Career Transition Services	A program that helps with your transition to civilian employment.
Treatment Benefits**	This program offers a range of health care benefits and services. Clients may also be eligible for supplementary benefits.
Veterans Independence Program (VIP)	A national home care program that helps eligible clients to remain healthy and independent in their own homes or communities.
War Veterans Allowance	A form of financial assistance available to eligible Veterans, that is based on income, family status and number of dependants.

