

Consent for Service Canada to Obtain Personal Information

Service Canada is authorized under Section 68 and 69 of the *Canada Pension Plan (CPP) Regulations* to receive personal information (medical and non-medical) about you to determine if you qualify or continue to qualify for CPP disability benefits. Your consent to permit Service Canada to obtain this information is necessary, should Service Canada need this information from persons and organizations listed on the following page.

Protecting your privacy:

Service Canada cannot give your personal information to any person or organization without your written consent, except where authorized by *CPP legislation*. Under the *Privacy Act*, you (or your authorized representative) have the right to request a copy of the information in your file and to request correction(s) to that information. Your personal information is retained in Personal Information Bank (ESDC PPU 146). Instructions for accessing this information are provided in the Info Source, a copy of which is located in Service Canada offices or at: www.infosource.gc.ca.

Instructions:

- complete Sections 1 and 2 of this form; and
- return this form to **Service Canada**.

Section 1 - Information about you			
Optional: <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Miss <input type="radio"/> Ms.			Social Insurance Number
First name	Middle name	Last name(s)	
Mailing address (no., street, apt, PO Box, RR)			City/Town
Province/Territory	Country (if not Canada)		Postal code
Telephone number		Alternate telephone number	

Service Canada delivers Employment and Social Development Canada programs and services for the Government of Canada

Social Insurance Number: _____

PROTECTED B (when completed)

Consent to obtain personal information

I give Service Canada my consent to obtain personal information about me that would help determine if I qualify or continue to qualify for CPP disability benefits. For this reason, Service Canada may contact any of the following persons and organizations if necessary:

- medical doctors, nurse practitioners, consultant specialists, or health-care professionals
- medical facilities or hospitals
- educational institutions or other vocational agencies
- my accountant or book-keeper for information on self-employment
- administrators of insurance plans
- voluntary organizations
- federal, provincial, territorial, or municipal government departments and agencies
- employers, former employers
- provincial or territorial workers' compensation boards
- financial institutions - for address updates only
- employees - for cases of self-employed persons

Section 2 - I give my consent or I do not give my consent

Note: Failure to check an option below could result in a delay in processing your application.

- I give my consent** to Service Canada to obtain medical and other personal information about me from all persons and organizations listed above. I understand that this information may help determine if I qualify or continue to qualify for CPP disability benefits.
- I do not give my consent** to Service Canada to obtain medical and other personal information about me from all persons and organizations listed above.

I understand that if I do not give my consent, Service Canada:

- will make a decision based on the available information on my file;
- may stop paying me the benefits if I am already receiving them; and
- can require that I provide the necessary information.

Signature of applicant / authorized representative

Date (YYYY-MM-DD)

To be completed by a witness only if the applicant signs with a mark (e.g. X).

I have read the contents of this section to the applicant, who appeared to fully understand them and who made their mark in my presence.

First name of witness (print)	Middle name	Last name(s)	Telephone number
Signature of witness			Date (YYYY-MM-DD)

This signed consent is valid for up to 3 years unless you cancel it in writing. Service Canada requires your original signature, but we will use a photocopy and consider it as valid as the original when requesting personal information from the persons and organizations listed above.