Consent for Service Canada to Collect Personal Information

The purpose of this form is to obtain your consent to allow Service Canada to collect your personal information from third parties. The information we request will be about your medical condition(s), functional limitations, employment, and participation in volunteer and educational activities. You can withdraw your consent anytime by notifying Service Canada.

The information collected will assist Service Canada in determining if you are eligible or continue to be eligible for benefits under the Canada Pension Plan (CPP). It may also be used to complete an incapacity assessment under the CPP and the *Old Age Security Act* (OAS Act). The information may be collected and used at any stage of the decision-making process by Service Canada. It may also be collected and used during any appeals before the Social Security Tribunal (SST).

The authority to collect personal information to determine if you qualify or continue to be eligible for CPP disability benefits is provided under sections 44, 68 and 69 of the *Canada Pension Plan* (CPP Regulations). The authority to collect personal information to complete an incapacity assessment is provided under sections 55.3 and 60 (8) to (11) of the *CPP* and section 28.1 of the *OAS Act.* The authority to collect information during appeals at the SST is provided under sections 4 and 5 of the *Privacy Act.*

Once collected, your personal information will be used in accordance with the *CPP*, the *OAS Act, the Department of Employment and Social Development Act* (DESDA) and the *Privacy Act.* You have the right to the protection of, and access to, your personal information. Service Canada cannot disclose your personal information to any person or organization without your written consent except where authorized by the DESDA. It will be retained in Employment and Social Development Canada's (ESDC) Personal Information Banks (PPU 116, 146, and 175). You can ask to see your file by contacting a Service Canada office.

Instructions for accessing your personal information are provided in the government publication entitled, *Information about programs and information holdings*, available at **www.canada.ca/infosource-ESDC** and accessible online at any Service Canada Centre.

You have the right to file a complaint with the Privacy Commissioner of Canada regarding the institution's handling of your personal information at **www.priv.gc.ca/en/report-a-concern/file-a-formal-privacy-complaint/** or by calling 1-800-282-1376.

Instructions:

Complete sections 1 and 2 of this form and sign it;

- make (3) three copies (You do not need to make a third copy for your physician or nurse practitioner if you have already submitted your disability application and medical report for processing.);
- return one copy to Service Canada;
- keep the second copy for your personal files; and
- give the third copy to your physician or nurse practitioner when you ask them to fill out the medical report for your disability application.

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Section 1 - Information about you		
Salutation (optional): ◯ Mr. ◯ Mrs. ◯ Miss ◯ 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	

Consent to collect personal information

I give Service Canada my consent to collect personal information about me from third parties that could be used by ESDC, Service Canada or the SST to help determine if I qualify or continue to be eligible for CPP disability benefits, or help in the assessment of incapacity under the *CPP* or the *OAS Act.* 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;
- accountants or bookkeepers for information on self-employment;
- administrators of insurance plans, long-term care facilities or retirement homes, medical records storage facilities;
- volunteer 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; and
- employees or former employees for cases of self-employed persons.

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

Note: You must choose one option below. Failure to select an option below could cause a delay in processing your application or determining your benefit amounts.

- ◯ **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 be eligible for CPP disability benefits or in assessing incapacity under the *CPP* or *OAS Act.* I also understand that the information may be disclosed to the SST.
- ◯ **I do not give my consent** to Service Canada to collect 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 my application or request for reconsideration based on the available information in 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 **5 years** unless you cancel it in writing. You can submit an original signed copy, a scan, photocopy or fax.