

Authorization to Release a Medical Certificate for Employment Insurance (EI) Compassionate Care Benefits

This form is to authorize a medical doctor or nurse practitioner to release medical information. The patient or their legally authorized representative must complete and sign this form and show it to the medical doctor or nurse practitioner who will complete and sign the Medical Certificate for EI Compassionate Care Benefits. **This form and the Medical Certificate for EI Compassionate Care Benefits must be submitted together to claim Compassionate Care benefits.**

If possible, the patient should sign this form. If the patient is not an adult or is unable to consent to the release of medical information because of a physical or mental condition, the patient's legally authorized representative can sign the form.

Note: In Section D of the Medical Certificate for EI Compassionate Care Benefits, a medical doctor or nurse practitioner must give their professional opinion as to the patient's capacity to consent to the release of the medical information.

Patient Information		
Last Name	Given Name(s)	Date of Birth (YYYY-MM-DD)
Home address		
Apartment Number	Street Number and Name	City or Town
Province, Territory or State	Postal or ZIP Code	Country
Patient's Signature		
<p>I authorize my doctor or nurse practitioner to release my medical information to Employment and Social Development Canada (ESDC) and to all my family members who are claiming EI Compassionate Care Benefits.</p>		
Patient's Signature _____		Date (YYYY-MM-DD) _____
OR		
Signature of Patient's Representative		
<p>I authorize the patient's doctor or nurse practitioner to release the patient's medical information to ESDC and to all family members who are claiming EI Compassionate Care benefits.</p>		
<p>I am legally authorized to consent to release this patient's medical information.</p>		
<p>The patient is unable to consent to the release of medical information.</p>		
Representative's Signature _____		Date (YYYY-MM-DD) _____
Name of Representative (please print)	Relationship to Patient	Phone Number

The information provided on this form and the Medical Certificate for EI Compassionate Care Benefits is collected by ESDC under the authority of the *EI Act* to determine eligibility for Compassionate Care benefits.

Information may also be used for policy analysis, research and/or evaluation purposes, in which case, various sources of information under the custody and control of ESDC may be linked. In some instances, information may be disclosed without consent according to the *Department of Employment and Social Development Act (DESD Act)*.

The personal information collected is administered in accordance with the *DESD Act* and *Privacy Act*, which states that individuals have the right to the protection of and access to their personal information and have the right to request changes to incorrect information. Information will be retained for 6 years after the last administrative action, as described in Personal Information Bank, Insurance Claim File - Local Office, ESDC PPU 150. Instructions for obtaining this information are outlined in the government publication entitled "Info Source", a copy of which is located at all Service Canada Centres. [Info Source](http://canada.ca/infosource-ESDC) is also located at the following address: <http://canada.ca/infosource-ESDC>.

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