



**Give this Form to your Physician or Nurse
Practitioner with the Medical Report**

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 (medical and non-medical) information about you to decide 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
- Give this form to **your physician or nurse practitioner** with the medical report.

Section 1 - Client Information			
<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Miss <input type="radio"/> Ms.			Social Insurance Number
First name and initial		Last name	
Mailing address (No., Street, Apt. No., P.O. Box or R.R.)			City
Province or territory	Country (If other than Canada)		Postal code
Telephone number		Fax number	

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

Social Insurance Number

Consent to obtain personal information

I give Service Canada my consent to obtain personal information about me that would help decide if I qualify or continue to qualify for Canada Pension Plan 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
- federal, provincial, territorial, or municipal government departments and agencies
- employers, former employers
- provincial or territorial workers' compensation boards
- financial institutions - for address updates only

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

- 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 in determining if I qualify or continue to qualify for Canada Pension Plan 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 my refusal means:

- that Service Canada will make a decision based on the available information on my file;
- if I am already receiving disability benefits, Service Canada may stop paying me the benefits; and
- under certain circumstances, Service Canada can require that I provide the necessary information (*CPP Regulations*).

Signature _____ **Date of signature** _____
 YYYY - MM - DD

To be completed by witness if signed with a mark "X" or by a representative of the applicant

First name and initial _____ Last name _____

Telephone number _____

Signature _____ **Date of signature** _____
 Witness signature _____ YYYY - MM - DD

This signed consent is valid for up to **3 years** unless you cancel it in writing.
 A photocopy or fax of this completed form is as valid as the original.