



Veterans Affairs
Canada

Anciens Combattants
Canada



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

Last name*	First name*	CSDN ID	File No.
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When do I need to complete this form?

Your personal information is confidential. Please provide your consent if you would like Veterans Affairs Canada (VAC) to disclose your personal information to a third party including, but not limited to:

- a family member or friend;
- another government department; or
- a service provider (such as your doctor or health care provider).

You can give this consent by completing and signing Page 2 of this form. This consent will stay in effect until revoked. If you wish to revoke your consent, you may do so by contacting the Department at the address noted below or by calling 1-866-522-2122 (TTY 1-833-921-0071).

Does my spouse, common-law partner or other family member need my consent?

Yes, VAC does not generally disclose your personal information to family members or any third party without your signed consent.

Please note:

This consent form does not provide authority to the third party to apply for benefits, withdraw or cancel benefits or change your address.

Please return the completed and signed consent form to: Veterans Affairs Canada
PO Box 6000
Matane QC G4W OE4

Privacy Notice

The personal information provided on this form is collected for the purpose of authorizing the disclosure of your information to a third party, and is protected from unauthorized disclosure by the *Privacy Act*. The *Privacy Act* also provides individuals with a right of access to personal information about themselves under the control of the Department, as well as a right to challenge the accuracy and completeness of their personal information and have it amended as appropriate.

Please be assured that VAC is committed to ensuring that your personal information is protected from unauthorized disclosure in accordance with the terms and conditions of Canada's *Privacy Act*. If you are concerned with VAC's handling of your personal information, you have the right to complain to the Privacy Commissioner of Canada at:

30 Victoria Street, Gatineau, Quebec, K1A 1H3





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Protected B when completed.

		CSDN ID	File No.
Last name*	First name*	Middle name(s)	
Date of birth (yyyy-mm-dd)*			
Service No.(s)/RCMP Regimental No.(s) (if applicable)			

I hereby give permission to Veterans Affairs Canada (VAC) to disclose my personal information to the following third party:

Name (last name, first name)		
OR Name of organization Office of Anthony Housefather	Telephone (Country Code, No.) 514 2830171	
Mailing address (No., Street, Apartment No., PO Box, RR No.) 316-4770 Kent Avenue	City/Town/Village Montreal	
Country Canada	Province/Territory/State Quebec	Postal Code/ZIP H3W 1H2

Please indicate the information authorized for disclosure:*

- All information held by VAC OR
- The following information only:

I confirm that I have read and understand this form. This authorization will remain valid until revoked.

Signature	Date (yyyy-mm-dd)
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