

## Veterans Affairs Canada Consent to Disclose

To arrange direct billing, Veterans Affairs Canada requires Spectrum Cannabis to provide information, for which we need your permission.

I, \_\_\_\_\_ (Full Name) \_\_\_\_\_ authorize Spectrum Cannabis to disclose to Veterans Affairs Canada.

**Please select one of the following two options:**

*Check option 1 if you are completing this form for yourself.*

*Check option 2 if you are an individual responsible for the applicant for the person obtaining medical cannabis.*

- 1) My personal health information consisting of dose information of cannabis used for medical purposes, the specific condition for which medical cannabis is being used, and any additional information required to validate my eligibility for coverage.
- 2) The personal health information of \_\_\_\_\_ (Applicant Name) \_\_\_\_\_ consisting of dose information of cannabis used for medical purposes, the specific condition for which medical cannabis is being used, and any additional information required to validate my eligibility for coverage.

**If you selected option 2 above, please read and check the following as well.**

I represent and warrant that I meet all of the requirements to be \_\_\_\_\_ (Applicant Name) \_\_\_\_\_'s substitute decision-maker under the applicable legislation.

*I understand the purpose of disclosing this personal health information to Veterans Affairs Canada.*

*I understand that I can refuse to sign this consent form.*

**Your information**

Signature \_\_\_\_\_ Name \_\_\_\_\_ (Printed) \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Fax \_\_\_\_\_

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