



PLEASE FILL THIS OUT IF YOU ARE A VETERAN

Medical Marijuana Services (MMS) is required to provide information to Veterans Affairs Canada in order to arrange direct billing, but we cannot do this without your permission as provided on this form.

I _____ authorize MMS to disclose to Veterans Affairs Canada:

WOULD YOU 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 a Substitute Decision Maker* for the person obtaining medical marijuana

1. My personal health information consisting of: Dose information of marijuana used for medical purposes, the specific condition for which medical marijuana is being used, and any additional information required to validate my eligibility for coverage.
2. The personal health information of _____ consisting of: Dose information of marijuana used for medical purposes, the specific condition for which medical marijuana 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 box as well.

- I represent and warrant that I meet all of the requirements to be _____'s substitute decision maker under the applicable legislation.

WE NEED YOU TO FILL OUT AND SIGN THIS SECTION.

I understand the purpose for disclosing this personal health information to Veterans Affairs Canada. I understand that I can refuse to sign this consent form.

YOUR INFORMATION:

First Name: _____ Last Name: _____

Telephone number: _____ Email: _____

Signature: _____ Date: _____

*A substitute decision-maker is a person authorized to consent, on behalf of an individual, to disclose personal health information about the individual under PHIPA or the applicable health information legislation in the jurisdiction in which the applicant resides.