



## AUTHORIZATION TO DISCLOSE INFORMATION/ CONSENT FOR MEDICAL EVALUATION

First Name and Initial		Last Name		Social Insurance Number	
Home Address (No., Street, Apt., or R.R.)				City	
Province or Territory	Country (If other than Canada)	Postal Code	Telephone Number ( ) -		

- **I hereby authorize** any physician, medical specialist, hospital, medical or vocational agency, financial institution, employer, educational institution, as well as any federal, provincial or municipal government department and agency, provincial social services and workers compensation board or administrator of private insurance plans, to disclose information contained in their records to Service Canada, for the purpose of determining whether I am or continue to be disabled and whether any amount shall be paid or shall continue to be paid as a benefit under the terms of the Canada Pension Plan.
- **For the purpose** of providing further medical evidence for the evaluation of my disability, I agree, upon request by the Canada Pension Plan Administration, to be examined by a qualified physician or a medical consultant specialist and to submit to such diagnostic tests as the physician or specialist may deem necessary. I also authorize the Canada Pension Plan Administration to provide any relevant medical information relating to my disability to the examining physician or a medical consultant specialist for the purposes of such examination.
- **Any personal information** received by the Canada Pension Plan is protected under the Canada Pension Plan and the *Privacy Act*. I have the right to request access to this personal information and am aware that the information may be used or disclosed within the conditions imposed by the Canada Pension Plan and the *Privacy Act* and outlined in the Personal Information Bank SDC PPU 140.
- **I have read** the above statements. I understand that this information is essential to determine that I have or continue to have a severe and prolonged mental or physical disability. In addition, this information will be used to determine the date my disability began and ceased under the terms of the Canada Pension Plan. Should I choose not to consent to the disclosure of information and/or not to undergo a medical evaluation, I understand that a decision to grant or deny a disability benefit will be based upon the available evidence in my file.

<b>TO BE COMPLETED BY THE APPLICANT</b>						
<b>Signature of Applicant</b>				Year	Month	Day
X						
<b>TO BE COMPLETED BY A WITNESS IF SIGNED WITH A MARK "X" OR BY A REPRESENTATIVE OF THE APPLICANT</b> If signed by a representative, consent is made on behalf of the applicant.						
First Name		Last Name		Telephone Number ( ) -		
<b>Signature of Witness or Representative</b>				Year	Month	Day
X						
This authorization form shall be valid for 2 years from the date of signature unless previously revoked in writing by the applicant or the representative signing this form. Any photographic or facsimile copy shall be as valid as the original.						



## Service Canada Offices

Your form(s) should be mailed to the nearest Service Canada office. These offices are shown below. If you need any help while you are completing your form(s) and you are in **Canada or the United States**, you can phone our toll-free number **1 800 277-9914**. For people with speech or hearing impairments using a teletypewriter device TTY, call **1 800 255-4786**. Please have your social insurance number ready. **Note:** If you are applying from outside of Canada, mail your form(s) to the office in the province where you last resided.

### NEWFOUNDLAND AND LABRADOR

Service Canada  
P.O. Box 9430  
St. John's NL A1A 2Y5

### ONTARIO (Timmins)

Service Canada  
P.O. Bag 2013  
Timmins ON P4N 8C8

### PRINCE EDWARD ISLAND

Service Canada  
P.O. Box 20105  
Sherwood Postal Outlet  
Sherwood PE C1A 9E3

### ONTARIO (Chatham)

Service Canada  
P.O. Box 2020  
Chatham ON N7M 6B2

### NOVA SCOTIA

Service Canada  
P.O. Box 1687  
Postal Station "M"  
Halifax NS B3J 3J4

### MANITOBA AND SASKATCHEWAN

Service Canada  
P.O. Box 818  
Station Main  
Winnipeg MB R3C 2N4

### NEW BRUNSWICK

Service Canada  
P.O. Box 250  
Fredericton NB E3B 4Z6

### ALBERTA / NORTHWEST TERRITORIES AND NUNAVUT

Service Canada  
P.O. Box 2710  
Main Station  
Edmonton AB T5J 4C2

### QUEBEC

Service Canada  
P.O. Box 1816  
Quebec QC G1K 7L5

### BRITISH COLUMBIA AND YUKON

Service Canada  
P.O. Box 1177  
Victoria BC V8W 2V2

### ONTARIO (Scarborough)

Service Canada  
P.O. Box 5100  
Postal Station "D"  
Scarborough ON M1R 5C8

Ce formulaire est disponible en français - ISP-3501F