



# VETERANS AFFAIRS CANADA CONSENT TO DISCLOSE

**Customer Care**

Toll-free number: 1-833-290-8878

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

## PATIENT CONSENT

I,  authorize FV Pharma to disclose to Veterans Affairs Canada.

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

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

*Check option 2 if you are the Responsible Individual for the patient obtaining medical marijuana.*

1. My personal health information consisting of dose information of cannabis 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 dosage information of cannabis 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:

I represent and warrant that I meet all of the requirements to be

's substitute decision-maker under the applicable legislation.

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

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

## PATIENT INFORMATION AND SIGNATURE

By checking this box you agree that you have read, acknowledged, understood, and formally agree to the statements above and that the applicant information provided is accurate and complete.

Patient Signature

Date (DD/MM/YYYY)

FAX (if applicable)

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**Please fax or email a copy of your document to:**

Secure fax number: 1-833-818-9025

Email: [info@fvpharma.com](mailto:info@fvpharma.com)

**Mail a copy of your document to:**

Customer Care

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