



Veterans Affairs Canada Consent to Disclose

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

I, _____ authorize Central Plains Cannabis to disclose to Veterans Affairs Canada.

Please choose one of the following 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 _____ 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 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 to Veterans Affairs Canada.

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

Signature _____ Name _____ Title _____

Email _____ Phone _____ Date _____