Vaccine Impact Assistance Program Appeal Form

Privacy notice

The Vaccine Impact Assistance Program (VIAP) is administered by the Public Health Agency of Canada (PHAC) with the support of Service Canada, which is part of Employment and Social Development Canada (ESDC), under agreement with PHAC.

PHAC is committed to protecting your information during administration of the VIAP. This notice explains how and why your personal information may be collected, used and shared. It also outlines PHAC's and Service Canada's obligations with respect to your personal information and your rights with respect to your personal information.

Authorities

The collection of your personal information is authorized by section 4 of the *Department of Health Act*, section 3 of the *Public Health Agency of Canada Act*, and subsection 34.1(1) of the *Department of Employment and Social Development Act*. The collection, use, disclosure, retention and disposal of your personal information are governed by the *Privacy Act* and any other applicable laws governing the protection of your personal information by PHAC.

Purpose of collection

PHAC collects your personal information to determine your eligibility and/or continued eligibility for financial support under the VIAP. Your personal information may be collected, used, and/or disclosed at any stage of the claim process including processing, monitoring, or appeal. PHAC also collects personal information to enhance health research, legislation, policies, programs, and services.

Using and sharing your information

Your personal information will be used and disclosed in accordance with the *Privacy Act*. PHAC will share your personal information with Service Canada; Service Canada processes VIAP claims and appeals and provides review-related services under agreement with PHAC.

Your personal information may be shared with any third party under agreement with PHAC for the express purpose of determining your eligibility and/or continued eligibility for financial support under the VIAP, as well as for any communications or other functions pertaining to claim intake processing.

PHAC and Service Canada may use or share the information you provide for policy analysis, research, monitoring and/or evaluation activities consistent with their departmental mandates. This will not impact your eligibility for financial support.

In specific and limited cases, PHAC may lawfully disclose personal information to regulatory bodies or law enforcement agencies, such as in cases of suspected or confirmed fraud.

Refusal to provide requested information

If you choose not to provide some or all of the personal information that is identified as required, PHAC and Service Canada may be unable to process your claim, or the processing of your claim may be delayed. As a result, you may be unable to receive financial support under the VIAP.

Your rights and how to contact us

You have the right to access and request a correction and/or notation to your personal information. For privacy-related questions, you may contact the VIAP at 1-833-489-0839.

If you have been unable to resolve a privacy issue with us, you may file a formal complaint with the Privacy Commissioner of Canada about how PHAC has handled your personal information.

For more information, visit priv.gc.ca/en/report-a-concern or call 1-800-282-1376.

More information

The collection of your personal information is described on the Access to Information and Privacy Info Source web page at canada.ca/en/public-health/corporate/mandate/about-agency/access-information-privacy/info-source-federal-government-employee-information.html. You may refer to personal information banks (PIB) PHAC PPU 318 – Vaccine Impact Assistance Program, and the ESDC PIB under the same title (currently under development).

Changes to this notice

This privacy notice may be updated periodically at PHAC and ESDC's discretion to reflect legislative, policy, or program changes.

Canada

VIAP Appeal Form

Use this form to appeal a decision about your Vaccine Impact Assistance Program (VIAP) or Vaccine Injury Support Program (VISP) claim, or to update an existing and open appeal.

- For decisions issued by the VIAP, you must submit an appeal form within **90 days** of the date on the Notice of Decision letter.
- For decisions issued by the VISP and dated between January 30, 2026 and March 31, 2026, you must submit an appeal form by August 30, 2026.
- For existing and open appeals submitted to the VISP prior to April 1, 2026, you must submit an appeal form for your appeal to be further considered and to provide any updates.

Before you start:

1. Talk to your primary health care professional about your claim decision as explained in the Notice of Decision letter.
2. Read the Appeals Guidance: Vaccine Impact Assistance Program on the program web page at canada.ca/vaccine-impact-assistance.
3. Update your personal information if anything has changed, by contacting the Program:
    - Telephone (toll-free): 1-833-489-0839
    - TTY: 1-833-803-8698
    - Hours of operation: Monday to Friday, 8:30 am to 4:30 pm, local time

Instructions:

Choose one way to fill out the form:

1. Print the form and then fill it out by hand. Use a pen that has black or dark blue ink.
2. Type your answers in the form and then print it.

If you need more space, use your own blank sheet of paper. Write your name, VISP or VIAP claim number and the relevant section number on the sheet.

Keep copies of everything you send.

Mail the form to:

Vaccine Impact Assistance Program
PO Box 5000
Bathurst NB
E2A 5B8

Canada

All fields indicated by an asterisk (*) are mandatory.

Section 1: Claimant information

*Last name

Given name(s)

*VISP or VIAP claim number

Section 1: Authorized representative (if applicable)

*Last name

Given name(s)

Section 2: Purpose of submission*

What is the purpose of this submission? (Select one)

- ◯ New appeal. This is my first time submitting an appeal. **Complete all sections (except Section 6).**
- ◯ I am submitting this form in relation to an existing and open appeal.
  Date previous appeal form was submitted, if known (YYYY-MM-DD):_____
  Skip to Sections 6 and 7.

Section 3: Basis for appeal

What is the basis for this appeal? (Select one)

- ◯ **Causality assessment:** determination of whether there is a probable causal relationship between the injury and a Health Canada-authorized vaccine, based on scientific, epidemiological, and medical evidence.
- ◯ **Serious and Permanent assessment:** determination of whether an injury or medical condition is serious and permanent.
- ◯ **Severity assessment:** determination of the level of Financial Support based on the severity of the vaccine injury. Medical experts use a standard assessment guide to assign a severity rating to your injury. This rating reflects how much the injury affects daily activities and ability to function. For more information, see the Appeals Guidance.

Canada

Section 4: Rationale

Provide a clear rationale explaining which aspects of the medical assessment are being challenged.

If you need more space, use your own blank sheet of paper. **Write your name, claim number and the section number (Section 4) on the sheet**.

Canada

Section 4: Rationale (continued)

Canada

Section 5: Medical information or records to support appeal

Select **one option** below. After the list of options, use the text box to provide the required information. If you need more space, continue on the next blank page or use your own blank sheet of paper. **Write your name, claim number and the section number (Section 5) on the sheet.**

Do you have new medical information or records to support your appeal? (such as new test results)

- ◯ **No, I do not have any new medical records or documents.**
- ◯ **Yes, I will list them in this section and submit them with this form.**
- ◯ **Yes, I am in the process of obtaining new medical records.**

Describe the medical information supporting your appeal. If you do not have new information, explain which existing records or clinical findings were not adequately considered. If you have new information or records, list the documents and explain their relevance. If you are waiting for new records, list what you are waiting for and when you expect to submit them, but submit this form now to meet the submission deadline.

Canada

Section 5: Medical information or records to support appeal (continued)

Canada

Section 6: VISP appeals - Additional information

This section should only be completed to provide additional information on existing and open appeals submitted to the VISP.

Use this section to provide a **clear rationale** explaining which aspects of the medical assessment are being challenged. If you are submitting **new** information or records, list the types of information (such as what new tests have been completed) and explain why they are relevant to your appeal.

You may submit any records you believe are relevant. The Program may contact you for additional information.

If you need more space, use your own blank sheet of paper. **Write your name, claim number and the section number (Section 6) on the sheet**.

Canada

Section 6: VISP appeals - Additional information (continued)

Canada

Section 7: Attestation

Read the following information before you submit your appeal.

By completing and submitting this appeal, I confirm that, at the time of submission, the information and documents I have provided are true, complete and accurate to the best of my knowledge. Providing false, misleading or incomplete information, or using altered, forged or fabricated documents may result in the termination of my VIAP claim and ineligibility to receive program supports.

If my information or circumstances submitted in this form change, I must notify the VIAP within 60 days of submitting this appeal to correct the information at 1-833-489-0839.

By signing, I acknowledge that I have read and understood the attestation.

*Signature _____

*Date of signature (YYYY-MM-DD) _____

Submitting your appeal

Send your appeal form and any supporting documents to the following address:

Vaccine Impact Assistance Program (VIAP)
PO Box 5000
Bathurst NB
E2A 5B8

Canada