Vaccine Impact Assistance Program
Authorizing a Representative

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 personal information to authorize a representative to receive information from VIAP about a claimant, and/or to authorize them to act on behalf of a claimant. PHAC may also collect personal information for a claimant or authorized representative to cancel or withdraw that authorization. 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 a claimant's 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 the claimant's eligibility for financial support.

In specific and limited cases, PHAC may use personal information to investigate potential fraud. 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, this form may not be accepted or may be accepted only in part by PHAC and Service Canada. As a result, the VIAP may not recognize your authorized representative, and your representative may not be able to receive information about your claim or act on your behalf.

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.

Refer to the Vaccine Impact Assistance Program website for the complete program eligibility policy at canada.ca/vaccine-impact-assistance.

Authorizing a Representative

Instructions:

If you are a Claimant, use this form to name an adult to help you with your Vaccine Impact Assistance Program claim. To do so, complete sections 1, 2, 3, 4, and 5. You may submit this form at any point during the claims process.

Your Authorized Representative will be able to access your information and act on your behalf.

You may also use this form if you are a Claimant who wishes to cancel the authorization of an Authorized Representative, or if you are an Authorized Representative who wishes to withdraw from supporting a claimant. To do so, complete Sections 1, 2, and either Section 6A or 6B, as applicable.

Complete all required fields. Incomplete forms may delay processing. Complete this form electronically or print and complete it using black or dark blue ink.

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

Section 1: Claimant information		
*Last name		
Given name(s)		
*Date of birth (YYYY-MM-DD)		
*Claim number		
Section 2: Authorized Representative information		
*Last name		
Given name(s)		
*Date of birth (YYYY-MM-DD)		
*Street address	Apartment, unit or suite number	P.O. box
*City or town	*Province, territory or state	*Country
*Postal code or ZIP code	*Email address	
*Primary telephone number (incl. area code)	Secondary telephone number (incl. area code)	

Canada

Section 2.1: Authorized Representative information

*Submit all required official identification documents, such as a passport, driver's licence or government-issued ID, to verify the Authorized Representative's identity for this form.

For a list of accepted identification documents for the Vaccine Impact Assistance Program, visit canada.ca/vaccine-impact-assistance.

Section 3: Scope and duration of authorization

Your Authorized Representative may receive information and act on your behalf.

Your Authorized Representative can:

- receive information about your claim, which may include personal information;
- make changes to your claim;
- make decisions about your claim for you.

This authorization only applies to the claim listed in Section 1.

Note: You will still be able to access your information and act on your own behalf. You will also continue to have overall responsibility for your claim.

If you want this authorization to expire, provide an expiry date:

Date of expiry (YYYY-MM-DD): _____

Note: If no expiry date is provided, this authorization will remain in effect until it is cancelled in writing at any time by the claimant, or withdrawn in writing at any time by the Authorized Representative. After the authorization expires, then only you, the Claimant, will receive information about your claim, make changes to your claim, or make decisions about your claim.

Canada

Section 4: Claimant attestation and signature

- The information I have provided is complete and accurate to the best of my knowledge.
- I understand that providing false, misleading or incomplete information, or using altered, forged or fabricated documents may result in claim termination and ineligibility to receive financial support.
- In completing this form and signing in Section 5 below, I understand that I am permitting the Authorized Representative I have listed in Section 2 of this form to act within the scope indicated in Section 3 of this form with respect to my claim.

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

*Claimant signature: _____

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

Section 5: Authorized Representative attestation and signature

- I am the Authorized Representative listed in Section 2 of this form.
- I understand the authority granted to me is limited to what is established in Section 3 of this form.
- I understand that, as Authorized Representative, I am not entitled to financial support from the VIAP, which shall, if approved, be provided to the Claimant that I represent.
- I confirm that the information and documents I have provided and will provide to the VIAP in my role as Authorized Representative are true, complete and accurate to the best of my knowledge.
- I understand that providing false, misleading or incomplete information, or using altered, forged or fabricated documents may result in claim termination and ineligibility to receive financial support.
- If my information or circumstances submitted in this form changes, I must notify the VIAP within 60 days of submitting this form to correct the information at 1-833-489-0839.

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

*Authorized Representative signature: _____

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

Canada

Section 6A: Cancel an authorization (if applicable)

Note: Complete this section only if you already have an Authorized Representative listed in Section 2 and wish to cancel their authorization.

I, the Claimant, cancel my authorization for the Authorized Representative named in Section 2 of this form. My cancellation shall be effective immediately upon notification of processing of this form by the VIAP.

*Claimant signature: _____

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

Section 6B: Withdrawal of Authorized Representative (if applicable)

Note: Complete this section only if you are already an Authorized Representative of the Claimant and no longer wish to be an Authorized Representative of the Claimant.

I, the Authorized Representative named in Section 2 of this form, withdraw myself as an Authorized Representative of the Claimant named in Section 1. My withdrawal shall be effective immediately upon notification of processing of this form by the VIAP.

*Authorized Representative signature: _____

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

Submitting your form

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

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