Vaccine Impact Assistance Program
Representing a Vaccine Recipient

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 verify an authorized representative, allow them to act on behalf of a vaccine recipient, and allow authorized representatives to withdraw. Personal information may be collected, used, and/or disclosed at any stage of the claim process including for 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 vaccine recipient'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 vaccine recipient'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 authority to act on behalf of a vaccine recipient.

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.

Representing a Vaccine Recipient

Instructions:

Use this form to become the Vaccine Recipient's Authorized Representative and to confirm that you have legal authority to act on behalf of the Vaccine Recipient by completing Sections 1 through 5.

If you are currently the Authorized Representative and you wish to withdraw, complete Sections 1, 2, and 6.

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: Vaccine Recipient 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: Relationship to Vaccine Recipient

*Indicate your relationship to the Vaccine Recipient to show your legal authority to act on their behalf. Check one of the following:

- ◯ Parent or guardian of a minor Vaccine Recipient
- ◯ Someone authorized to act on behalf of an incapacitated Vaccine Recipient
- ◯ Someone authorized to represent a deceased Vaccine Recipient or their estate
- ◯ Other (specify): _____

Section 4: Legal authority

Attach documents that show your legal authority to act on the Vaccine Recipient's behalf. Document(s) provided in support of your legal authority must be:

- issued by a federal, provincial, or territorial government;
- issued by a federal, provincial or territorial court; **or**
- notarized by notary public (or equivalent).

Do not attach more than is required to show this authority.

If you are acting on behalf of an incapacitated Vaccine Recipient or representing a deceased Vaccine Recipient or their estate, ensure the documents attached show the Vaccine Recipient is incapacitated or deceased, as applicable.

*Name(s) of document(s) attached:

_____

Section 5: Attestation and signature

- I am the Authorized Representative listed in Section 2 of this form.
- The information and documentation I have provided is complete and accurate to the best of my knowledge.
- I understand that, as Authorized Representative, I am not entitled to financial support from the VIAP, which, if approved, shall be provided to the Vaccine Recipient or the estate that I represent.
- I confirm that the information and documents I have provided and will provide to 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 change, 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): _____

Section 6: Withdrawal of Authorized Representative (if applicable)

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

I, the Authorized Representative named in Section 2, withdraw myself as the Authorized Representative of the Vaccine Recipient 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): _____

Canada

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