

# Human Pathogens and Toxins Act Security Clearance Application Consent and Attestation Form

## Instructions

This form must be completed, signed and uploaded with your *Human Pathogens and Toxins Act* (HPTA) Security Clearance application in the Biosecurity Portal (<https://biosecurity-portal.hc-sc.gc.ca>). This form must be completed and submitted for your consent to be considered valid. Please also note that it is your responsibility to ensure that this form is signed electronically, or by hand, as per your preference.

## Privacy notice

The personal information you provide to the Public Health Agency of Canada (PHAC) and Health Canada (HC) is governed in accordance with the Privacy Act and collected under the authority of paragraph 12(2)(m) of the Human Pathogens and Toxins Regulations (HPTR) to certify that an individual requires access to parts of a facility for which a Human Pathogens and Toxins Act (HPTA) Security Clearance is required. As part of this process, your information may be disclosed to the Royal Canadian Mounted Police (RCMP), law enforcement agencies and the Canadian Security Intelligence Service (CSIS), which will conduct the requisite checks and/or investigations in accordance with the HPTA Security Clearance process. It may also be used to conduct verifications with other federal government institutions, governments, foreign states, educational institutions, and past or current landlords or employers to confirm the information provided is accurate. This personal information is described in personal information bank PHAC PPU 308 (Human Pathogens and Toxins Act Security Clearance Program), available online at <https://www.canada.ca/en/public-health/corporate/mandate/about-agency/access-information-privacy/info-source-federal-government-employee-information.html>. The Privacy Act gives you the right to request access to and correct your personal information. For more information about these rights or about our privacy practices, please contact PHAC's and HC's Privacy Management Division at 613-946-3179 or at [hc.privacyvie.privee.sc@canada.ca](mailto:hc.privacyvie.privee.sc@canada.ca). If you have concerns about the handling of your personal information, you may contact the Privacy Commissioner of Canada at <https://www.priv.gc.ca/en/report-a-concern/>.

### Consent and Certification (to be completed by the applicant)

Knowingly providing misleading or false information on this application may result in a refusal or cancellation of the HPTA Security Clearance.

For HPTA Security Clearance purposes, I consent to the disclosure by the Public Health Agency of Canada (PHAC) and Health Canada (HC) of any and all information provided by me in support of this application to the Royal Canadian Mounted Police (RCMP), the Canadian Security Intelligence Service (CSIS), and any law enforcement agencies— such as any Canadian police force. My information may also be disclosed to other federal government departments; governments and law enforcement agencies of foreign states; credit bureaus; educational institutions; and past or current landlords or employers to verify that the information provided in the HPTA Security Clearance application is accurate. Without limiting the generality of the foregoing, this includes information relating to my date of birth, education, residential history, employment history, and immigration and citizenship status in Canada. I also consent to the disclosure and use of my fingerprints and facial images for identification purposes.

I further authorize PHAC and HC to seek, verify, assess, collect, and retain any and all information relevant to this security clearance application, including information in my criminal record and any other information contained in law enforcement records, including information gathered for law enforcement purposes and information regarding my immigration and citizenship status, as well as any and all information that will facilitate the conduct of a security assessment.

I further authorize any and all Canadian or foreign law enforcement agency—such as any Canadian or foreign police force—or any person or organization, whether public, parapublic, private or governmental, to check and release to PHAC, HC, CSIS or the RCMP all of my criminal history, charges, court orders, and any other information contained in any accessible records and databases under their control. I understand that this consent also authorizes any Canadian or foreign law enforcement agency—such as any Canadian or foreign police force—or any person or organization, whether public, parapublic, private or governmental, to release to PHAC, HC, CSIS or the RCMP any information enabling investigation of my associates and thus enabling determination of whether I am of good character. For this same purpose, I give the RCMP permission to release to PHAC, in whole or in part, the information that it has collected for my security assessment.

This consent is given solely for HPTA Security Clearance purposes. Unless withdrawn by me with notification in writing to PHAC, this consent shall remain valid to conduct all relevant verifications, assessments or investigations specified above, and any subsequent verification or update.

I certify that all the information I have provided in this application, including any supporting documentation, is true and correct to the best of my knowledge and belief.

<p>_____</p> <p><b>Print Name (Applicant)</b></p>	<p>_____</p> <p><b>Signature of Applicant</b></p>	<p>_____</p> <p><b>YYYY/MM/DD</b></p>
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