

VETERANS AFFAIRS CANADA CONSENT TO DISCLOSE

To arrange direct billing, Veterans Affairs Canada requires Medisenol (licensed as HydrX Farms Ltd. under the Cannabis Act) to provide information, for which your permission must be given.

I, _____ authorize Medisenol* to disclose to Veterans Affairs Canada.

Please select one of the following two options:

1. I agree to disclose my personal health information to Veterans Affairs Canada in order to validate my eligibility for coverage of medical cannabis. This includes information about the specific condition and/or symptoms I am treating as well as information related to dosing.
2. I agree to disclose the personal health information of _____ to Veterans Affairs Canada in order to validate their eligibility for coverage of medical cannabis. This includes information about the specific condition and/or symptoms being treated as well as information related to dosing.

If you selected option 2 above, please read and check the following:

I represent and warrant that I meet all of the requirements to be a substitute decision-maker for _____ 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.

Your Information

By checking this box you agree that you have read, acknowledged, understood, and formally agree to the statements above and agree that the information provided is accurate and complete.

_____	Applicant's Name	_____	Phone
Applicant's Signature	_____	_____	Fax
	Email		

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