



**VETERAN FAMILY PROGRAM**  
For Medically Releasing CAF Members,  
Medically Released Veterans and their Families

**PROGRAMME POUR LES FAMILLES DES VÉTÉRANS**  
Pour les membres des FAC en voie de libération pour des raisons médicales,  
les vétérans libérés pour des raisons médicales et leur famille

**PROTECTED B**  
(when completed)

## PRIVACY NOTICE AND CONSENT STATEMENT

**Client Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Military ID:** \_\_\_\_\_  
(partial) **First letter of last name and Last 3 digits of service number**

All information and communications gathered is considered confidential and private. The \_\_\_\_\_ PEI Military Family Resource Centre (MFRC) will take all possible safeguards to protect client information.

Personal information is collected pursuant to sections 2 and 38 – 41 of the *National Defence Act*. The information is used to administer the Military Family Services Program and the Veteran Family Program, which are managed by the Military Family Services (MFS), a division of the Canadian Forces Morale and Welfare Services (CMFWS) through local MFRCs. The personal information may include name, contact information, biographical information, date of birth (when required), identification number (partial military ID), physical attributes, signature, services provided during contact, opinions and views of, or about individuals.

The information may be used by the MFRC and/or MFS for reporting, audit, evaluation, and statistical purposes. In accordance with the memorandum of understanding between CFMWS and Veterans Affairs Canada (VAC), VFP user statistics will be provided to VAC for reporting on program performance indicators to Treasury Board of Canada Secretariat (TBS). Information is stored in Canada in a cloud-based case management system provided by Athena Software (service provider). Case file information may be transferred to a MFRC with the written consent of the individual. Information may also be used or disclosed for program mailing and outreach purposes.

**In accordance with applicable laws, information may be disclosed in the following circumstances:**

- **Child protection** – when the MFRC becomes aware of harm or potential harm to a child, it is required by law to report this to the local child welfare agency
- **Harm to self or others** – Professional Codes of Ethics and standards of Practice bind the MFRC to notify the proper authorities if there is a reason to believe that there is potential for the client to harm themselves or others
- **Testimony in court** – There are times when the MFRC may be requested by a court of law to disclose information obtained during sessions, under the above noted items

Personal information is protected, and only used and disclosed in accordance with the provisions of the **Privacy Act** (and other provincial/territorial privacy legislation applicable to the MFRC), as described above and in personal information bank CFMWS PPU 825 Military Family Services Program / Veteran Family Program. Under the *Privacy Act*, individuals have rights of access to and correction of their personal information, and the right to file a complaint to the Privacy Commissioner of Canada regarding the institution's handling of personal information.

If you require clarification about this statement, contact our privacy coordinator at [ATIP.AIPRP@cfmws.com](mailto:ATIP.AIPRP@cfmws.com). For more information on the *Privacy Act*, consult the [Office of the Privacy Commissioner of Canada](#).

**By signing, I certify that I understand, and consent to the collection, use and disclosure of my personal information as stated above.**

**By clicking this box I am signing electronically and consent to the statement above.**

\_\_\_\_\_  
Name of signing parent or legal guardian (if necessary)

\_\_\_\_\_  
Signature of Client (or parent or guardian)

\_\_\_\_\_  
Date



# PEI MFRC CONTACT FORM

## MEMBER / VETERAN CONTACT INFORMATION

Title	First Name	Address 1	
	Last name	Address 2	
DOB (mm/dd/yyyy)			
Military Service ID (Last 3 digits of service number)	Still Serving    Yes <input type="checkbox"/> No <input type="checkbox"/>	City	
	Unit	Province	
		Postal Code	
Medical Release? Yes <input type="checkbox"/> No <input type="checkbox"/>		Notes	
Release Date (if applicable)			

## CONTACT & COMMUNICATION INSTRUCTIONS

		Preferred method(s)	Comments
Telephone # (Home)		<input type="checkbox"/>	
Telephone # (Cell)		<input type="checkbox"/>	
Personal Email		<input type="checkbox"/>	
I consent to receive the PEI MFRC monthly newsletter via E-mail		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Communication Instructions, if any:			

## FAMILY INFORMATION

Name	Relationship (to above contact)	Gender (M/F/X)	Children's DOB (mm/dd/yyyy)

Privacy Disclaimer: The information on this form will be kept confidential and used only for the purpose for which it was collected within the PEI Military Family Resource Centre. The PEI MFRC adheres to the Military Family Services Privacy Code. I hereby give my consent to the PEI MFRC to disclose this information to the PEI MFRC staff and registered volunteers with respect to the above-indicated program, activity and/or service.

Signature \_\_\_\_\_ Date \_\_\_\_\_