

<INSERT DATE>

To whom it may concern:

**RE: SHARING OF PERSONAL AND CONFIDENTIAL INFORMATION**

I hereby notify <NAME OF ENTITY> to block (and not share) my personal and confidential information collected by public or private health professionals and pharmaceutical services.

I am instructing <NAME OF ENTITY> block this information from all governmental agencies, both federal and provincial as well as all para governmental programs and private entities. These would include, but are not limited to:

Disability support services  
Children's aid society  
Workplace Safety and Income benefits  
Guaranteed Annual Income Supplement  
Rent Supplement programs.  
Unemployment insurance  
Driver's licencing board  
Private health services  
Private health services; optometrist, chiropractor, RMT, dentist, etc  
Financial institutions  
Loyalty programs  
Telco/internet/cable services

Any entity that collects data is not authorized to disseminate any information provided by me or concerning me for any reason unless this entity identifies which information will be shared, where and with whom it will be shared, the reason for which it is being shared, and has my express written consent to do so. If my express consent has not been provided, in writing, the private entity does not have permission to share my personal and confidential information to any external entity.

I request that you take the expedient and appropriate steps necessary to block this information as requested and to confirm (in writing) that this has been done within 14 days, as indicated on the attached Block Information form.

If I do not receive a response in writing within the requested 14 days, the assumption is that my request has been dismissed and further action may be taken by way of legal court proceedings.

Thank you for your time and consideration in this matter.

Sincerely,

<YOUR FIRST LAST NAME>

<YOUR CONTACT INFORMATION>