

## Consent to the disclosure of information

### Identification of the person concerned

This section identifies the person to whom the information relates. All fields are mandatory.

_____	_____	_____
Full name of the person concerned	E-mail address	Telephone number
_____	_____	_____
_____	_____	_____
Mailing address	Date of transport	Place of transport

I, the undersigned, \_\_\_\_\_, in my capacity

personal

Other. Specify (e.g. curator, guardian, holder of parental authority) : \_\_\_\_\_

authorize Desssercom to send to \_\_\_\_\_, who can be contacted at the following address \_\_\_\_\_, the following information concerning me \_\_\_\_\_, for care or services received relating to the following period : \_\_\_\_\_ contained in the file identified above. I understand the consent requested of me, its implications and that I am free to refuse to consent. I agree that Desssercom may contact me to verify the validity of my consent, if necessary.

Specify any other instructions regarding access to the file :

\_\_\_\_\_

### Consent

I certify that I am competent to consent under applicable law.

If I represent an individual, I have enclosed proof of my capacity to consent on behalf of a third party.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date