

Mandatory fields are marked with asterisks.

Applicant identification

Full name* : _____

E-mail address* : _____

Telephone (if you have not provided an e-mail address) : _____

ATTENTION, if your request is urgent (e.g. imminent danger to life), please contact Geneviève Hubert, Executive Assistant, +1 (581) 998-6305, who will be able to assign the appropriate resource to your situation.

Describe the information you wish to access, so that we can respond to your request.

Quality

I am **the person to whom the information relates** (e.g. patient, client)

> Complete **section 1** only

I am a **person related to the person concerned** (e.g. guardian, heir, spouse, close relative, etc.)

> Complete **section 2** only

I am a **stakeholder** or **researcher**



What is a provider? An individual who provides health or social services within a health and social services organization, or who provides technical or administrative support services to such an organization.

> Complete **section 3** only

Other (e.g. police officer, insurer, coroner)

> Complete **section 4** only

Section 1 - Person concerned

In which age category do you fall?

Under 14

Between 14 and 18

Over 18

Section 2 - Related person

Specify in what capacity you are requesting the information :

Lawyer or other legal representative

Holder of parental authority

Tutor or mandatary of an incapacitated adult

Heir, successor, legatee by particular title, liquidator, beneficiary of life insurance or death benefit.

Please specify :

Spouse

Close relative. Specify : _____

Person genetically related. Please specify : _____

Other. Specify : _____

Unless you are the holder of parental authority, the legal representative, the tutor or the mandatary of a person of full age without legal capacity, specify why you wish to access the information:

For example, to help you in your bereavement process, to request the opening of a mandate of incapacity, to understand the circumstances surrounding the death of a person.)

Section 3 - Stakeholder or researcher

Specify in what capacity you are requesting the information, and why you wish to access the information :

For example, physician at the Chu de Québec, for teaching purposes, to provide personal care, etc.

Are you a member of a professional order?

Yes. Specify : _____

No.

If you are not a member of an order, have you obtained authorization under the *Act respecting health information and social services*?

Yes

No

Don't know or N/A

Section 4 - Other (police officer, insurer, coroner, etc.)

Specify in what capacity you are requesting the information, and why you wish to access the information : For example, as a police officer with the SPVM investigating an alleged fraud, I would like to have access to Mr. Doe's file for his medical trip to the Y region on May 6, 2023.

If you are requesting access on the basis of a legislative power, please specify the legislative provision on which you are relying :

Specify if you are located outside Quebec :

I am outside Quebec. Specify (province/state and country) : _____

I am in Quebec.