



DT9113

File no.		
Last name		
First name		
DOB	RAMQ	Expiry date :

**AUTHORIZATION TO RELEASE INFORMATION
CONTAINED IN THE MEDICAL RECORD**

In my capacity of :

- USER**
- AUTHORIZED PERSON** (provide a supporting document) :

_____ (last name, first name, and relationship to the user, if applicable)

I authorize : see the list of establishments on the back

_____ (indicate the last name and first name of the physician and/or the name of the establishment)

- To send to :** _____ (indicate the last name and first name of the physician and/or the name of establishment and/or specific recipient)

_____ (address)

- I wish to consult on site (on appointment) Phone number** (_____) - _____

the following information :

- Summary/Excerpts from the file : _____
- Report from a professional (please specify) : _____
- Lab results or diagnostic tests (please specify) : _____
- Other (please specify) : _____

Concerning the period from : _____ YYYY/MM/DD to : _____ YYYY/MM/DD

FOR VERBAL COMMUNICATION

- I authorize :** _____ (indicate the last name and first name of the physician and/or the name of the establishment)

To verbally communicate to : _____ (indicate the last name and first name of the physician and/or the name of the establishment)

The following information : _____

Concerning the period from : _____ YYYY/MM/DD to : _____ YYYY/MM/DD

Please note that fees for reproducing the documents may be charged in accordance with the Regulation respecting fees for the transcription, reproduction and transmission of documents and personal information.

This authorization is valid for a period of _____ days following the date this document was signed.

Signature of the user or authorized person:

_____ Date : _____ YYYY/MM/DD

Witness to the signature :

_____ Date : _____ YYYY/MM/DD

RESERVED FOR USE BY THE MEDICAL RECORDS DEPARTMENT



DT9113

DATE (YYYY/MM/DD)

File No

LAST NAME

FIRST NAME

Residential Care Centres

Please note that all requests for access to information concerning residential care centers must be sent to the following care center :

Centre d'hébergement Notre-Dame-de-la-Merci Medical Records Department 555, boul. Gouin Ouest, # H-312 Montréal (Québec) H3L 1K5 Tél. : (514) 748-6381, ext. 73710 Fax: (514) 331-0781

- CHSLD Auclair
CHSLD de Cartierville
CHSLD de Louvain
CHSLD de Saint-Laurent
CHSLD Laurendeau
CHSLD Légaré
Centre d'hébergement Notre-Dame-de-la-Merci
CHSLD Paul-Gouin
CHSLD Paul-Lizotte
CHSLD Saint-Joseph-de-la-Providence
CHSLD des Bâisseurs
CHSLD de-la-Petite-Patrie

CLSCs

Please note that all the requests for access to information concerning CLSCs must be sent to the following CLSC :

CLSC de Bordeaux-Cartierville Medical Records Department 11822, ave. du Bois-de-Boulogne, # C-1011 Montréal (Québec) H3M 2X6 Tél. : (514) 748-6381, ext. 73710 Fax : (514) 331-5190

- CLSC d'Ahunstic
CLSC de Bordeaux-Cartierville
CLSC de La Petite-Patrie
CLSC de Montréal-Nord
CLSC de Saint-Laurent
CLSC de Villeray

Hospitals/Outpatient Services

All requests for access to information concerning l'Hôpital en santé mentale Rivière-des-Prairies must be sent to the following to:

Medical Records Department 7070, boul. Perras, # 00.154 Montréal (Québec) H1E 1A4 Tél. : (514) 323-7260, ext. 2118 Fax : (514) 328-3508

All requests for access to information concerning Albert-Prévost Pavilion or Montréal Sacré-Cœur Hospital must be sent to the following address:

Medical Records Department 5400, boul. Gouin Ouest, # E-0060 Montréal (Québec) H4J 1C5 Tél. : (514) 338-2222, ext. 2123 Fax : (514) 338-3540

All requests for access to information concerning Fleury Hospital, the Papineau mental health outpatient services and the mental health outpatient services of the Fleury Hospital must be sent to the following address:

Medical Records Department 2180, rue Fleury Est, # AS1-67 Montréal (Québec) H2B 1K3 Tél. : (514) 384-2000, ext. 5055 Fax: (514) 858-2431

All requests for access to information concerning Jean-Talon Hospital and Garnier mental health outpatient services must be sent to the following address:

Medical Records Department 1385, rue Jean-Talon Est, # E-207 Montréal (Québec) H2E 1S6 Tél. : (514) 495-6767, ext. 6015 Fax: (514) 495-6738

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