

## 8. Consent to access medical information (optional)

If the insured person is 14 years of age or over, he or she must sign the form. If the present consent is being given on behalf of an insured person over 14 years of age, a document must be attached to prove that the person signing is legally authorized to be the insured person's legal representative (e.g. power of attorney, mandate in case of incapacity, judgment of tutorship or curatorship).

By signing this form, the insured person authorizes the Régie to obtain the necessary information pertaining to this authorization request from the healthcare professionals and healthcare establishments that provided services to the insured person in the last five years or that will do so as of the date of this authorization request. To this end, the insured person is waiving the confidentiality and duty of professional secrecy normally attached to this information.

This authorization is valid until the exhaustion of the remedies provided for in the Health Insurance Act (CQLR, chapter A-29) as regards this authorization request.

Last name		First name	
Health Insurance Number		Date of birth YEAR MONTH DAY	
Last name of the legal representative (if applicable)		First name of the legal representative (if applicable)	
Signature of the insured person aged 14 or over or of the legal representative		Date YEAR MONTH DAY	

**X**