

Identity of Representative and Authorization to Release Information

Accommodated adult Adult entrusted to an intermediate resource

1) Identity of user

Instructions on reverse

Last name at birth	First name
Health Insurance Number <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>	

2) Identity of representative

<p style="text-align: center;">When the user is incompetent</p> <p><input type="checkbox"/> Legal representative (Private trustee, guardian or mandatary by virtue of a <u>court-approved</u> mandate in the case of incompetence) The representative must sign this section after having provided their contact information.</p> <p><input type="checkbox"/> Natural caregiver The representative must sign this section after having provided their contact information. A letter of confirmation is required. (See directions on reverse)</p>	<p style="text-align: center;">When the user is competent</p> <p><input type="checkbox"/> Holder of a general or special power of attorney The representative must sign this section after having provided their contact information.</p> <p><input type="checkbox"/> Other representative <u>The user</u> must sign this section after having provided the contact information of their representative.</p>		
<p style="text-align: center;">When the user is deceased</p> <p><input type="checkbox"/> Liquidator of the succession The liquidator must sign this section after having provided their contact information.</p>			
Last name at birth	First name		
ADDRESS NUMBER	STREET	APARTMENT	
LOCALITY	PROVINCE	POSTAL CODE	
HOME PHONE <small>AREA CODE</small>	WORK PHONE <small>AREA CODE</small>	EXT.	OTHER <small>AREA CODE</small>
SIGNATURE OF USER (only if "Other representative" has been checked off) SIGNATURE OF THEIR REPRESENTATIVE (in all other cases)	SIGNATURE OF A WITNESS OTHER THAN THE REPRESENTATIVE (Only if the user signs with an "X")		
DATE <small>Year Month Day</small>	DATE <small>Year Month Day</small>		

3) Authorization to release information

Check the box(es) corresponding to the situations for which you are authorizing the exchange of information. This authorization is valid for the duration of the accommodation.

I,, hereby authorize:
(Name of user)

the Régie de l'assurance maladie du Québec to inform the spouse of the decision concerning the contribution payable;

the Régie de l'assurance maladie du Québec to provide the facility with a copy of any document or information necessary for processing the *Application for Exemption*;

the Régie de l'assurance maladie du Québec and Revenu Québec to exchange any information necessary for determining my income;

the Régie de l'assurance maladie du Québec and Revenu Québec to exchange any information necessary for determining total family income.

In the latter case, please have your spouse fill out this section.

I,, hereby authorize
(Name of spouse)
the exchange of this information.

HEALTH INSURANCE NUMBER OF SPOUSE <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>	SIGNATURE OF SPOUSE OR OF THEIR REPRESENTATIVE	DATE <small>Year Month Day</small>
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SIGNATURE OF USER OR OF THEIR REPRESENTATIVE	SIGNATURE OF A WITNESS OTHER THAN THE REPRESENTATIVE (only if the user signs with an "X")
DATE <small>Year Month Day</small>	DATE <small>Year Month Day</small>

Protection of personal information

The Régie de l'assurance maladie du Québec guarantees that the personal information it holds will be used in such a way as to preserve its confidential nature and only for the purposes for which the Régie obtained it. This information is accessible only to employees who are authorized to access it and who need to use it in the performance of their duties. However, under the *Health Insurance Act* and the *Act respecting access to documents held by public bodies and the protection of personal information*, this information may be sent to other public agencies.

Instructions

Important: If the user authorizes the exchange of information, they must fill out sections 1 and 3.
If the user has a representative, sections 1 and 2 must be completed.
If the representative authorizes the exchange of information, section 3 must be filled out.
In all cases, the form must be signed in the spaces indicated.

Indicate for which program the user is registered by checking the appropriate box.

1) Identity of user

Fill out all the spaces.

2) Identity of representative

This section is necessary for the *Application for Exemption* when the user already has a representative or wishes to designate one.

Representatives of the incompetent user

Persons are incompetent when they are unable to take care of themselves or manage their property due, in particular, to illness, disability, deficiency or weakening stemming from age, which alters their mental faculties or their physical ability to express their will.

- The **private trustee** and the **guardian** are representatives appointed by a court judgment.
- The person appointed by mandate in the case of incompetence may act as mandatary only if the user has become incompetent and the mandate is approved by court.
- **The natural caregiver** is any significant person close to the incompetent user, such as the spouse, a close relative or a person showing significant interest in the user. To act as a representative of the user for the purpose of this program, the person so designated must have their status of natural caregiver confirmed in a letter signed by a health and social services worker.

Representatives of the competent user

- The **holder of an appropriate power of attorney** may act, for the purpose of this program, on behalf of the user. The power of attorney can be general or special. In the first case, it allows the holder to manage all the affairs of the user. In the second case, it allows the holder to manage only the affairs of the user with regards to the user's accommodation. The power of attorney may be made before a notary or before witnesses.
- The choice of the category **Other representative** allows the competent user to designate a representative if they have not done so already. In this case, the user must sign this section of the form after having provided the information concerning the person by whom the user wishes to be represented for the purpose of this program.

Representative of the deceased person

- The **liquidator of the succession** is recognized as representative if the forms entitled *Application for Exemption and Identity of Representative* are filled out after the user's death.

3) Authorization to release information

The user or their representative must check the box(es) applicable to them.

- That person authorizes the Régie de l'assurance maladie du Québec to inform the spouse of the decision concerning the contribution payable, where the spouse is not the representative.
- That person authorizes the Régie de l'assurance maladie du Québec to provide the representative of the facility with a copy of any document or information necessary for processing the application for exemption, such as the request for documents. Otherwise, the request will be sent only to the user or to their representative.
- That person authorizes the Régie de l'assurance maladie du Québec to exchange with Revenu Québec any information necessary for determining **the user's income or total family income**, thus saving the user or their representative from having to supply the Québec income tax return. When the authorization given has to do with the total family income, the name, Health Insurance Number and signature of the spouse or of their representative are necessary to authorize this exchange.

If a box is checked, the user or the user's representative must sign the form in the space indicated. If the user's signature is an "X," a witness other than the representative must sign under "Signature of a witness other than the representative."

This form must accompany the *Application for Exemption or for Re-evaluation* (forms 3657 or 4473) or the *Application for Exemption* (forms 3807 or 4475).

Please return the documents to the following address:

Service de la contribution et de l'aide financières
425, boul. De Maisonneuve Ouest, bureau 213
Montréal (Québec) H3A 3G5

You can contact us at the following numbers:

Accommodated adults	Intermediate resources
514 873-1529	514 873-1573
1 800 265-0765	1 866 237-8311