Centre intégré de santé et de services sociaux de la Montérégie-Ouest			
Québec 💀 🖪	Dossier:		
	Nom, Prénom :		
	Date de naissance :	oooo mm ii	$\Box$ F $\Box$ M
Facility:	NAM :	aaaa-mm-jj	Exp. aaaa-mm
AUTHORIZATION TO COMMUNICATE INFORMATION – RECORD OF DECEASED USER	Nom, Prénom de la mère	:	
IMPORTANT: ENTER THE DECEASED USER'S INFORMATION IN THE UPPER RI	GHT CORNER OF THE FORM	1.	
I, the undersigned,			
(Requester's name	e and address)		
In my capacity as:  Heir, legatee by particular title or legal representative <sup>1</sup>			
Explain in detail the right you wish to exercise / why and in what call fapplicable, attach proof of the steps you are taking (legal proceed)		•	ce on the reverse.
<ul> <li>Death certificate if the user died at another institution;</li> <li>Document proving the requester's capacity: user's will, life         <ul> <li>If holographic will or will made before two witnes</li> <li>If no will: birth certificate / marriage certificate / p</li> </ul> </li> <li>Will search certificate issued by the Chambre des notaires</li> </ul>	ses: proof of homologat proof of common-law re	elationship (e.g., inc	come tax return);
☐ Spouse, ancestor or descendant¹ (access to the cause of de	eath only)		
<ul> <li>Documents required depending on the case:</li> <li>Death certificate if the user died at another institution;</li> <li>Proof of relationship² with the user: birth certificate;</li> <li>Marriage certificate, act of civil union, or proof of common</li> </ul>	-law relationship (e.g., i	ncome tax return).	
☐ Person related by blood¹			
Genetic or hereditary disease under investigation:			
<ul> <li>Documents required depending on the case:</li> <li>Death certificate if the user died at another institution;</li> <li>Proof of relationship² with the user: birth certificate.</li> </ul>			
Authorize the institution/facility:			
To send to:		or 🗆	Same as above
(Name and a			
Regarding the care or services received during the following period			

Requester's signature

Date

 $<sup>^{1}</sup>$  In accordance with Section 23 of the  $\operatorname{Act}$  respecting health services and social services

<sup>&</sup>lt;sup>2</sup> Relationship of the child to the father, mother

Nom:	Prénom :	#Dossier :
Explain in detail the righ	nt you wish to exercise / why and in what capacity you are seeking access.	
ACT RESPECTING HEALT	H SERVICES AND SOCIAL SERVICES (ARHSSS)	
Section 23		
contained in the user's f	articular title and legal representatives of a deceased user are entitled to re file to the extent that such access is necessary to exercise their rights as such a benefit under a user's life insurance policy or a user's pension plan.	
	or direct descendants of a deceased user are entitled to receive access to inf he deceased user has recorded in their file their refusal to grant this right of	
	authority has the right to receive access to information contained in the file his right of access does not extend to information of a psychosocial nature.	of a user under age 14, even if
	cond paragraph, persons related by blood to a deceased user are entitled to file to the extent that such access is necessary to verify the existence of a ge	

disease.