Centre intégré
de santé
et de services sociaux
de la Montérégie-Ouest
Québec

MOCLI60527A

Dossier : _____

Nom, Prénom : _____

Date de naissance : _____ ☐ F ☐ M
aaaa-mm-jj

NAM : _____ Exp. _____
aaaa-mm

Nom, Prénom de la mère : _____

Facility: _____

AUTHORIZATION TO COMMUNICATE INFORMATION – RECORD OF DECEASED USER

User's date of death : _____
yyyy-mm-dd

IMPORTANT: ENTER THE DECEASED USER'S INFORMATION IN THE UPPER RIGHT CORNER OF THE FORM.

The medical records file of a deceased person remains confidential despite their passing. The Act respecting health and social services information (AHSSI) provides for a restricted right of access under precise conditions, detailed in Section IV of articles 27 to 31.

I, the undersigned,_____
(Requester's name and address)

In my capacity as:

☐ **Heir, successor, legatee by particular title or liquidator of the succession**

Explain in detail the right you wish to exercise / why and in what capacity you are seeking access. *Use the space on the reverse.* If applicable, attach proof of the steps you are taking (legal proceedings or contesting the will).

Documents required based on the capacity in which you are applying:

- Death certificate if the user died at another institution;
- Document proving the requester's capacity: user's will, life insurance policy, etc.;
  - If holographic will or will made before two witnesses: proof of homologation of the will;
  - If there is no will: Certificate of notoriety attesting to heirship;
- Will search certificate issued by the Chambre des notaires and the Barreau du Québec.

☐ **Spouse, ascendant or descendant to obtain the cause of death**

Documents required depending on the case:

- Death certificate if the user died at another institution;
- Proof of relationship[1] with the user: birth certificate;
- Marriage certificate, act of civil union, or proof of common-law relationship (e.g., income tax return).

☐ **Person related by blood**

Genetic or hereditary disease under investigation:_____

Documents required depending on the case:

- Death certificate if the user died at another institution;
- Proof of relationship[1] with the user: birth certificate.

[1] *Relationship of the child to the father, mother*

Nom : Prénom : #Dossier :

Authorize the institution/facility: _____

To send to: _____ or ☐ Same as above
(Name and address)

The following information: _____

_____

Regarding the care or services received during the following period: _____

_____ _____
Requester's signature **Date**

☐ Explain in detail the right you wish to exercise / why and in what capacity you are seeking access:

_____
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