Centre intégré de santé et de services sociaux de Laval

Québec

D T 0 4 7 9

AUTHORIZATION TO DISCLOSE MEDICAL AND PSYCHOSOCIAL INFORMATION CONCERNING A DECEASED PERSON

Information about the Deceased Person

File number : _____

First and last name: _____

Date of birth : _____

Please fill in all the information requested to avoid further delays.

I, undersigned:

First and last name: _____

Complete address : _____

Civic number, street name, city, postal code

Phone number : _____ Email : _____

In my capacity as : _____

You must specify the reason for your request (Please refer to the following page.)

Authorizes the establishment : CISSS de Laval – Medical Records Department

☐ Hôpital de la Cité-de-la-Santé ☐ CLSC ☐ CHSLD : _____

☐ Centre de services ambulatoires de Laval ☐ Hôpital juif de réadaptation ☐ Centre jeunesse ☐ CRDI-TSA

To send to : _____

First and last name

Complete address : _____

Civic number, street name, city, postal code

Phone number : _____ Email : _____

Transmission mode (We recommend transmission by e-mail) : ☐ Email ☐ By post ☐ In person ☐ USB key ☐ Paper

The following information (care and services received): _____

_____

_____

For the following period (Month and/or year): _____

Why are you requesting access.

Explain clearly and in detail why the information is necessary for the exercise of your rights and obligations according to the title under which you are making the request. (To identify your title, see reverse)

_____

_____

_____

For your application to be valid, you must attach the documents listed on the following page according to your title.

_____ _____

Signature of authorized person **Date** (YYYY-MM-DD)

** You must send us your completed form to the following e-mail address : acces.dossier.cissslav@ssss.gouv.qc.ca **

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Information about the Deceased Person

File number : _____

First and last name: _____

Date of birth : _____

Documents to enclose with your application

For all access requests:

if the user did not die at CISSS de Laval, you must provide us with the death certificate

If you are applying as heir, legatee by particular title, legal representative or liquidator of the estate

Only the information necessary for your rights and obligations may be communicated to you.

– Complete will*
– Two testamentary researches (Barreau du Québec and Chambre des notaires)

***** If holograph will or will made before two witnesses: Proof of probate
*****If no will : Document proving title of heir

If the request is made in anticipation of legal action, you must provide us with a document proving that legal proceedings have been initiated.

If you are applying as the beneficiary of an insurance policy

– Insurance policy with name of beneficiary
– Letter requesting information from the insurance company

If you are applying as a spouse, ascendant or descendant

Only the cause of death entered on the death certificate (SP-3) can be sent to you.

Spouse

– Proof of civil union
– Marriage certificate
– Document proving you've been living together for more than a year (tax statement, Hydro-Québec bill, etc.)

Child or parent

– Birth certificate proving filiation

If you are applying as a blood relative

Only the information needed to verify the existence of a genetic disease can be sent to you.

You must specify which genetic or familial disease is concerned, and enclose the following documents:

– Birth certificate proving filiation
– Supporting physician's request

Disease of interest:_____

Act respecting health and social services information

Right of access

Section 27 :

An heir, a successor, a legatee by particular title or a liquidator of the succession of a deceased person, or a person designated by a deceased person as a beneficiary of life insurance or of a death benefit, has the right to be informed of the existence of and to have access to information concerning the deceased person that is held by a body, provided it is necessary for the exercise of their rights and obligations in that capacity.
They also have the right to request the rectification of such information if it is inaccurate, incomplete or equivocal or if it was collected or is kept in contravention of the law, provided that the rectification affects their interests or rights as heir, legatee by particular title, liquidator of the succession or beneficiary.

Section 28 :

The spouse or close relative of a deceased person has the right to be informed of the existence of and to have access to information concerning the person where the information could help them in their grieving process, unless the deceased person refused access to that information under subparagraph 1 of the first paragraph of section 8.

Section 29 :

The spouse, a direct ascendant or a direct descendant of a deceased person has the right to be informed of the existence of and to have access to information relating to the cause of the person's death that is held by a body, unless the deceased person refused access to the information under subparagraph 2 of the first paragraph of section 8.

Section 30 :

Persons genetically related to a deceased person have the right to be informed of the existence of and to have access to information concerning the deceased person that is held by a body, provided it is necessary for verifying the existence of a genetic or hereditary disease. The right may be exercised even if the deceased person refused access to information concerning the cause of his or her death under subparagraph 2 of the first paragraph of section 8.

Right of refusal

Section 8 :

A person may refuse to allow either current or future information concerning him or her to be accessible to the following persons from the time the information becomes held by a body:
(1) the person's spouse or close relative, if the access sought is in connection with a grieving process;
(2) the person's spouse, direct ascendant or direct descendant, in the case of information related to the cause of the person's death;
[…].

Acces time

Section 34 :

The person in charge of the protection of information must respond to a request promptly and not later than 30 days after the date the request is received.

Reference :

https://www.legisquebec.gouv.qc.ca/en/document/cs/R-22.1