

Participant Authorization for the Transmission of Personal Information
in the Québec Breast Cancer Screening Program
(PQDCS, *Programme québécois de dépistage du cancer du sein*)

By agreeing to take part in PQDCS you are giving your consent for the following individuals and organization to have access to the information described below:

1. The head of the program in your region or in your territory, or a designated representative:

- Your first and last name and address.
- Your health insurance number.
- Contact information for the doctor you selected to provide your medical care.
- Your screening mammogram result, as reported by the radiologist (normal or abnormal).
- The dates and places of your additional examinations, if any.

Why?

- So you can continue to receive your invitation to have a screening mammogram every two years.
- So you can receive a letter with your screening mammogram results.
- So you can be sure that a doctor will provide medical follow-up if complementary examinations are recommended.

2. The doctors and other professionals who perform or analyse your screening and complementary examinations or who are in charge of the follow-up:

- All breast examinations carried out since you joined the program, including screening mammograms and others tests.
- Information in your patient record, including test results, clinical data, and medical exam diagnoses.

Why?

- To allow the professionals performing your examinations to ensure that they provide appropriate care.
- To send to individuals listed in the sections 2 and 3 the information needed in order to discharge their duties.

3. The Institut national de santé publique du Québec (INSPQ):

- The information described in sections 1 and 2.
- All information relating to death, including the cause of death, at the time it occurs.

Why?

- To evaluate and improve the program, which is why data will be retained throughout the duration of the program.
- To give the individuals listed in sections 1 and 2 the data they need to perform their jobs.

The Minister of Health and Social Services has appointed INSPQ to evaluate the program and manage its information system.

What happens if you choose not to take part in PQDCS?

If you have a screening mammogram at a designated center, the following information will still be recorded and retained in the program's information system:

- The first three characters of your postal code (e.g., G1R).
- Your health insurance number.
- Your first and last names.
- The date you refused program participation.
- The healthcare institution where your refusal was made.

Why?

- To record in the system that you have refused to take part in the program, thereby terminating any involvement you had in program activities.
- To calculate refusal rates by region.

If you refuse to take part in the program, you will need to obtain a prescription to have a mammogram.

You may decide at any time to withdraw from the program. Should you do so, only information that relates to the periods during which you participated will be kept, for as long as the program exists.

For more information on the PQDCS, go to sante.gouv.qc.ca/depistage-cancer-du-sein.

Consent for Participation in the PQDCS

Last name

First name

Health insurance number

Telephone

Address

City

Postal code

Your decision

I have received the information and explanations necessary to understand the screening program. This information was presented beside, as well as in a document entitled *Taking part in the Québec Breast Cancer Screening Program: It's Your Decision*.

I have checked the box that applies:

- I will participate in the Québec Breast Cancer Screening Program
- I will not participate in the Québec Breast Cancer Screening Program

Signature

Date

In case of incapacity:

Signature and title of the person you authorize to act on your behalf
(Spouse, family member, caretaker, tutor, or proxy)

Date

The designated screening center will retain this form as confirmation of your decision.