Santé
et Services sociaux
Québec

ACCESS TO INFORMATION REQUEST

Québec Electronic Health Record (QHR)

Section A: IDENTIFICATION [1]

Fields with an asterisk (*) are mandatory.

* RAMQ health insurance number	* Last name	* First name

* Date of birth	Year	Month	Day	* Gender ☐F ☐M	* Address (street, apartment)

* City	* Province	* Postal code

* Area code	* Phone (daytime)	Area code	Phone (evening)	Email

* Mother's maiden name	* Mother's first name	* Father's last name	* Father's first name

[1]**IMPORTANT:** To prevent identity theft and protect your personal information, your request must be submitted along with a copy of a valid piece of signed photo I.D. (health insurance card, driver's license, passport, etc.) by mail or fax. Failure to provide this information may result in your request being delayed or turned down.

Section B: IDENTIFICATION OF PARENT, REPRESENTATIVE, OR MANDATARY

Complete this section only if you are filing a request on behalf of the person named in Section A.
Attach a document authorizing communication (consent, power of attorney, or court decision) if necessary.

Last name	First name	Area code	Phone (daytime)	Relationship to the person

Address (street, apartment)	City	Province

Postal code	Email

Section C: TYPE OF REQUEST

I understand that some fees may apply and that I will be notified in advance if this is the case.

☐ Copy of my personal information as viewable by healthcare practitioners

Copy of my personal information contained in the QHR databank (specify as required)

☐ All ☐ Medication ☐ Laboratory results ☐ Medical imaging ☐ Electronic prescriptions ☐ Register of refusals

☐ List of persons, organizations, or agencies who have had access to my personal information

Additional information, as required

Section D: SIGNATURE

Signature	Date (year / month / day)

Please fax the completed form to 418-266-7024
or mail it to the following address:
Person in charge of QHR access
Ministère de la Santé et des Services sociaux
1075, chemin Sainte-Foy, 4e étage, Québec (Québec) G1S 2M1
http://www.msss.gouv.qc.ca/ministere/acces_info/responsable.php

For help completing this form, please contact : Régie de l'assurance maladie du Québec
(Québec) 418 646-4636 - (Montréal) 514 864-3411 - (Elsewhere in Québec) 1 800 561-9749

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