

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

In agreeing to take part in the PQDCS, you hereby authorize the program manager in your region or territory, selected health professionals and the Institut national de santé publique du Québec (INSPQ) to access some of your personal information, as detailed below.

1. You authorize the manager of the PQDCS in your region or territory, or a designated representative, to access :

- Your first name, last name and address.
- Your health insurance number.
- Contact information for the doctor that provides your medical care under the PQDCS.
- The result of your screening mammogram as reported by the radiologist (normal/abnormal).
- The dates and locations of your additional examinations, if any.

Why ?

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

2. You authorize the doctors and other professionals who conduct or analyse your screening, additional and follow-up examinations, to access :

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

Why ?

- So that the health professionals that perform your examinations can ensure optimal quality of the care they provide.
- To send to the recipients listed in sections 2 and 3 the information they require in the performance of their duties.

3. You authorize the INSPQ to access :

- The information described in sections 1 and 2.
- All information related to a death, including the cause.

Why ?

- To evaluate and improve the program. This is why your data will be kept for the duration of the program.
- To send to the individuals listed in sections 1 and 2 the information they require in the performance of their duties.

The Ministère de la Santé et des Services sociaux has mandated the INSPQ to evaluate the program and manage its information system.

What happens if you decide not to take part in the PQDCS ?

Even if you decline to participate in the PQDCS, the following data from your screening mammograms performed at a designated centre 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 on which you declined to participate.
- The healthcare institution where you declined to participate.

Why ?

- To record that you declined to participate, thus terminating your involvement in any and all program components.
- To calculate the regional rates of non-participation.

If you refuse to take part in the program but want a mammogram, you will need a prescription from a health professional.

You can withdraw from the program at any time, in which case only the information recorded during the time of your participation will be kept, until the program ends.

PQDCS participation consent form

Last name

First name

Health insurance number

Telephone number

Address

City

Postal Code

Your decision

Before making an informed decision about your participation in the PQDCS screening program, please ensure that you have received all the information and explanations you need to understand it. You can find that information herein, as well as in the *Taking part in the Québec Breast Cancer Screening Program: It's Your Decision* brochure and online on Quebec.ca/depistage-cancer-du-sein.

Please check the appropriate box.

I agree to participate in the Québec Breast Cancer Screening Program.

I decline to participate in the Québec Breast Cancer Screening Program.

Signature

Date

In case of incapacity :

Signature and title of authorized party
(Spouse, family member, trustee, tutor, legal representative)

Date

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