

**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 ID** (health insurance card, driver's license, passport, etc.) **by mail or fax.** Failure to provide mandatory information may result in your request being delayed or turned down.

### Section A: IDENTIFICATION

Fields with an asterisk (\*) are mandatory.

* Last name		* First name	
* Date of birth YYYY/MM/DD	* Gender <input type="checkbox"/> F <input type="checkbox"/> M	* Home address (street, apartment)	
* City		* Province	* Postal code
* Phone number (daytime) ( ) -	Phone number (other) ( ) -	Email address	
* Mother's maiden name		* Mother's first name	
Father's last name		Father's first name	
* Identification: Health Insurance Card		* Number of Health Insurance Card 	* Expiration Date YYYY/MM

### Section B: IDENTIFICATION OF PARENT, TUTOR, CURATOR, OR MANDATARY

Complete the section 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	
Address (street, apartment)			
City		Province	Postal code
Phone number (daytime) ( ) -	Relationship to the person	Email address	

### Section C: TYPE OF REQUEST

Please indicate the type of information requiring a rectification:

Medication     Laboratory     Medical imaging     Hospitalization     Electronic Prescription     Other

Date of rectification: YYYY / MM / DD

Specify your request by indicating the place (for example, the community pharmacy, the medical biology laboratory, or the health and social services institution) as well as the details about the information to rectify (for example, the name of the medication, the nature of the analysis, or the description of the examination).

### Section D: SIGNATURE (MANDATORY)

Signature	* Date YYYY / MM / DD
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Please mail the completed form along with a copy of a valid piece of signed photo ID to the following address:

Person in Charge of Access to Documents  
Ministère de la Santé et des Services sociaux  
1075, chemin Sainte-Foy, 4<sup>e</sup> étage,  
Québec (Québec), G1S 2M1

or fax the documents to 418 266-7024.

To get help completing this form, please contact the Régie de l'assurance maladie du Québec at 418 646-4636 (Québec area) or 514 864-3411 (Montréal area) or 1 800 561-9749 (elsewhere in Québec).