



2	9	8											
1	2	3	4	5	6	7	8	9	10	11	12	13	14

**AUTHORIZATION TO DIVULGE INFORMATION  
CONTAINED IN FILES ON MOTHER AND BABY**

Surname and first name at birth (baby's mother)

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Name currently used (baby's mother)

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Current addressee of baby's mother

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Baby's RAMQ N° Date of Birth of baby's mother

	Y		M		D				
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Surname and first name of baby's father Surname and first name of mother  
(i.e. baby's maternal grandmother)

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Surname and first name of baby Sex: Female or male

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Baby's RAMQ N° Date of Birth of baby

	Y		M		D				
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<b>Status of the form</b>	
Completed	1
Non completed	2

Admission Date of childbirth :

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I, the undersigned, \_\_\_\_\_  
Name and current address of baby's mother

in the capacity of \_\_\_\_\_  
Beneficiary of authorized individual

do hereby authorize the following establishment: \_\_\_\_\_  
Name of the hospital where the delivery took place

to forward to: **Mireille Jetté**, Co-ordinator, **Santé Québec**  
1200 McGill College, suite 1620, Montréal (Québec), H3B 4J8 - Tel: (514) 873-4749

- the following information concerning:
- the Mother:**
    - 1) Complete summary of obstetrics file
    - 2) Results of anatomopathology exam of placenta
    - 3) Summary Sheet - Hospital (short term stay)
  - the Baby:**
    - 1) Complete summary of newborn medical file
    - 2) Results of umbilical cord blood sample

regarding the care and services received during the period from: \_\_\_\_\_ to \_\_\_\_\_ as contained in the file of the beneficiaries identified hereinabove.

**This authorization shall be valid for a period of ninety (90) days from the date of signing.**

\_\_\_\_\_  
Signature of beneficiary or authorized individual

Y	M	D		
Date				

\_\_\_\_\_  
Signature of witness (Santé Québec/BIP Interviewer)

Y	M	D		
Date				

**NB: One must ensure that the signatories hereto are authorized to do so under the provisions of applicable legislation.**