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

Authorization to divulge information contained in files on mother and child

Status of the form

Refused	1
Siblings born outside Québec.....	2
Child of ex-wife.....	3
Other, Specify.....	4
Verified by BIP.....	5

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

Name currently used (child's mother)

Current address of child's mother

Child's mother RAMQ N°

Date of Birth of child's mother

	Y	M	D

Surname and first name of child's father

Surname and first name of mother
(i.e. child's maternal grandmother)

Surname and first name of child

	C	B	S				

Sex : Female or male

Child's RAMQ N°

Date of Birth of child

	Y	M	D

Admission Date of childbirth:

(Year)	(Month)	(Day)

I, the undersigned _____
Name and current address of child's mother

in the capacity of _____
Beneficiary or authorized individual

do hereby authorize the following establishment _____
Name and address of the hospital where the delivery took place

to forward to: **Mireille Jetté**, coordinator, **Direction Santé Québec, Institut de la statistique du Québec**
1200 McGill College Avenue, Montréal (Québec), H3B 4J8,
Telephone: (514) 873-4749 or (toll-free) 1 877 677-2087

- 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 Child:**
 - 1) Complete summary of newborn medical file including Summary sheet – Hospital (short term stay) and Newborn nursery chart
 - 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 beneficiary identified hereinabove.

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

	(Year)	(Month)	(Day)
	(Year)	(Month)	(Day)

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