CanAssistance

CONSENT TO COMMUNICATE PERSONAL INFORMATION TO A THIRD PARTY FOLLOWING THE INSURER'S EVALUATION OF A MEDICAL QUESTIONNAIRE

granted pursuant to the *Act respecting the protection of personal information in the private sector,* RSQ ch. P-39.1

This form is to be completed and returned only if the insured person wants to allow our medical team to divulge to a designated third party the information pertaining to the evaluation of the medical questionnaire.

INSURED

Last name (PLEASE PRINT) _____ First name (PLEASE PRINT) _____ Date of birth _____ / / day month year

COMMUNICATION OF PERSONAL INFORMATION TO A THIRD PARTY

I, _____, authorize CanAssistance and its representatives to divulge the decision taken following the evaluation of my medical questionnaire and, if need be, to share relevant confidential information contained in my medical record supporting the decision, with the party identified below.

☐ Agent ☐ Broker ☐ Family member

Name (PLEASE PRINT) _____ Company name (if necessary) (PLEASE PRINT) _____

This consent is granted solely for the purposes of disclosure of the decision made following evaluation of the medical questionnaire, is valid only for carrying out said activities, and is valid only for one year from the signature date indicated below.

Signature of the Insured _____ Tutor (if the Insured is not the contract signatory) _____

Date _____ / / day month year

Please return this document duly filled out and signed to the following address:	Via fax
CanAssistance P.O. Box 910 – Station B Montreal, Quebec H3H 3K8	514-286-8413 or 1-800-701-1977