



COLLÈGE  
DES MÉDECINS  
DU QUÉBEC

**REQUEST FOR ACCESS TO A MEDICAL  
RECORD FOR WHICH THE COLLÈGE  
DES MÉDECINS IS THE TRANSFEREE  
OR PROVISIONAL CUSTODIAN**

**Return by one of the  
two following options:**

*Collège des médecins du Québec  
Legal Service – Division Transfer of Files  
1250, René-Lévesque boul. W., Office 3500  
Montréal (Québec) H3B 0G2*

[cessiondossiers@cmq.org](mailto:cessiondossiers@cmq.org) (email)

<b>1) Enter your contact information</b>	
Family name :	First name :
Telephone Day :	Other :
Enter your health insurance card number : _____ <b>Enclose a photocopy of your health insurance card</b>	
<b>2) Enter your physician's contact information (for whom the CMQ is keeping the records)</b> (see complete list: <a href="http://www.cmq.org/page/en/rechercher-doss-med.aspx">http://www.cmq.org/page/en/rechercher-doss-med.aspx</a> )	
Family name :	First name :
<b>3) Select a transmission mode</b>	
<input type="checkbox"/> Priority mail Full mailing address :	<input type="checkbox"/> Email via a secure website Email address:

X

X

**Applicant's signature** (or the person having  
parental authority if under 14 years old)

**Date**

*The information you provide will be kept confidential and communicated only to people authorized to process your request. You will be sent a copy of your medical record, at no charge, within twenty days of the date of receipt of the duly completed form.*

*For any questions, you can contact us by telephone at 514-933-4441 poste 5587 or at the toll-free number (outside of Montréal): 1 888 MÉDECIN (633-3246).*

<b>Section for College only</b>	
Infos devant apparaître dans l'aspect de signature :	
- Nom du Médecin vérificateur	
- Date	
- Autorisation pour transmission (Complète, Partielle ou Autre)	
- Commentaires, si transmission partielle ou autre	

Updated: November 2021