



**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 (email)

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

Section for College only			
Autorisation pour transmission (cochez) :	Complète	Partielle	Autre
Commentaires :			
Date:	Médecin vérificateur:		