

Authorization to Disclose Information by Telephone



Important:

1. Under articles 2840 and 2841 of the *Civil Code of Québec*, a photocopy, a fax or a scanned reproduction of this authorization is as valid as the original.
2. This authorization remains valid until processing of the claim for compensation is complete, unless it is withdrawn in writing.

Claim number

I, the undersigned, _____,

First and last name of the accident victim

authorize the SAAQ staff members concerned to provide, by telephone to the person identified below, any information required to process my claim for compensation (e.g. medical information, decisions rendered, documents received, payments made).

Title: Mr. Ms. Prefer not to answer

Last name and first name of the authorized person: _____

Telephone: _____

Signature of the accident victim

Year Month Day
[Blank boxes for date selection]

Effective date of the authorization

Signature of the authorized person

Protection of Personal Information

The SAAQ only collects personal information that is necessary for it to exercise its powers and apply the laws it administers. All personal information gathered by authorized personnel is handled confidentially. This information may be shared with its licensing agents and certain government departments or agencies, including those located outside Québec, in accordance with the *Act respecting Access to documents held by public bodies and the Protection of personal information*. It may also be used for statistical, survey, study, audit or investigative purposes. Failure to provide this information can result in a refusal of service. You may consult, correct or obtain a copy of any personal information concerning you.

For more information, consult the Policy on Privacy on the SAAQ's website at saaq.gouv.qc.ca/privacy or contact the SAAQ's call centre.

THERE ARE THREE WAYS TO SUBMIT A DOCUMENT:
Through the Reimbursement of Expenses and
Document Submission online service:
saaq.gouv.qc.ca/documentsubmission
By fax: 1-866-289-7952
By mail: Société de l'assurance automobile du Québec
Case postale 2500, succursale Terminus
Québec (Québec) G1K 8A2
Keep the original or a copy for your files.