



Avec vous,  
au cœur de votre sécurité

Claim Number

**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. Any cancellation of this authorization must be made in writing and sent to the Société de l'assurance automobile du Québec (SAAQ).

**Accident Victim**

Accident victim's last name at birth

First name

Present last name if different from last name at birth

Health Insurance Number

**Authorization to convey medical information to an attending physician  
or other health care professional**

I hereby authorize the assessing physician and any other health care professionals, the accident victim counsellor and the compensation officer at the Société de l'assurance automobile du Québec to convey medical information regarding my health, where appropriate, to my attending physician or to any other health care professional. I understand that a written summary of any oral communication will be entered into my claim file.

**X**

Signature of the accident victim (if of full age)  
or his or her representative

Date (Year-Month-Day)

**Protection of Personal Information**

All information gathered by the SAAQ for the purposes of administering the public automobile insurance plan is handled confidentially. The SAAQ will only use or disclose such information for purposes prescribed by law. The SAAQ's Policy on Privacy is available at [saaq.gouv.qc.ca/en/policies/policy-on-privacy/](http://saaq.gouv.qc.ca/en/policies/policy-on-privacy/).

**THERE ARE THREE WAYS TO SUBMIT A DOCUMENT:  
Through the Document Submission online service:**

[saaq.gouv.qc.ca](http://saaq.gouv.qc.ca)

**By fax:** 1-866-289-7952

**By mail:** Société de l'assurance automobile du Québec  
Édifice Jean-Lesage  
Case postale 2500, succursale Terminus  
Québec (Québec) G1K 8A2

**Keep the original or a copy for your files.**