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).

Important

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/.

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