



Request to access a clinical record

To obtain an electronic copy of a record, you must complete this online form via our secure site. Visit our [Access to Your Health Information](#) web page for more details.

The Collège may only grant access to physicians' files of which the CMQ is the transferee. Consult the "File transfer" section in the physician and resident directory to find out who holds a physician's records.

All sections of the form must be completed and the required document sent to us before your request can be processed. Your information will be used confidentially and shared only with authorized persons. We will send you a copy of your medical file, by priority mail, within 30 days of receipt of your completed form.

Patient's identification

Please check one of the following options:

- Myself My <14-year-old child
 Another person A deceased person

Documents to enclose:

- Photocopy of the patient's health insurance card, for your record or that of a child under 14.
- Signed patient consent, for another person's record.
- Certain conditions apply to access a deceased person's record. Visit our [Access to the Clinical Record of a Deceased Patient](#) web page for more details. Someone will contact you for further information.

Last name: _____ First name: _____

Health Insurance Number: _____

Identification of the physician who prepared the file

Physician's last name: _____ Physician's first name: _____

Permit number: _____

Identification of the requester

Last name: _____ First name: _____

Phone number: _____

Postal address for sending the file: _____

Requester's signature

Date

To send your request, please mail the form and the document to be attached according to the type of request to the following address:

Collège des médecins du Québec
File transfer
3500–1250 René-Lévesque Boulevard West
Montreal, Quebec H3B 0G2