



DT9254

**REQUEST FOR THE COMPLETE  
DESTRUCTION OF INFORMATION**  
As per Section 176 of the *Act Respecting the Sharing  
of Certain Health Information (RSQ, c P-9.0001)*  
hereinafter referred to as the "Act"

Fields marked with an asterisk (\*) must be completed.

Section A: USER IDENTIFICATION											
* RAMQ health insurance number				* First name			* Last name				
* Date of birth		Year	Month	Day	* Sex <input type="checkbox"/> F <input type="checkbox"/> M		* Address				
* City					* Province			* Postal code			
* Area code	* Principal phone		Area code	Other phone		Email address					
Parent identification, when available											
Biological mother's first name			Biological mother's maiden name			Biological father's first name			Biological father's last name		
Adoptive mother's first name			Adoptive mother's maiden name			Adoptive father's first name			Adoptive father's last name		
Section B: IDENTIFICATION OF LEGAL REPRESENTATIVE											
Complete this section only if you are filing a request on behalf of the user identified in Section A.											
* First name			* Last name			* Area code		* Phone	* Relationship to user		
* Address				* City			* Province		* Postal code		
Email address (optional)					<b>Please attach to this request an original written statement or copy of the document proving your status as legal representative.</b>						
Section C: REQUEST FOR COMPLETE DESTRUCTION OF INFORMATION											
I, the undersigned, request that the information recorded between January 1, 1935, and December 31, 1964, in a file that a health and social services establishment holds for the user identified in Section A above, who was under the age of 21 at the time of admission to a psychiatric hospital described in Section 176 of the Act and specified below, be completely destroyed:											
<b>Please provide the name of the psychiatric hospital to which the user was admitted before the age of 21.</b>											
Psychiatric hospital name				Date of admission			Date of release				
				Year	Month	Day	Year	Month	Day		
First and last names used at the time of admission, if different from in Section A				Date of admission			Date of release				
				Year	Month	Day	Year	Month	Day		
				First name			Last name				
Additional information											
Confirm receipt: <input type="checkbox"/> Yes <input type="checkbox"/> No					Confirm destruction: <input type="checkbox"/> Yes <input type="checkbox"/> No						
Section D: SIGNATURE											
User or legal representative signature						Date		Year		Month	Day

Please return this form to the establishment responsible for hospital files specified in Section C as described in Appendix 1 (attached). For help filling out this form, please contact (Toll free) at 1 866 644-4545.

**Act Respecting the Sharing of Certain Health Information (RSQ, c P-9.0001)**

176. A health and social services institution may not transfer to an information technology-based medium any information recorded between 1 January 1935 and 31 December 1964 in the file it holds on a person who was under the age of 21 at the time the person was admitted to a psychiatric hospital, formerly known as an insane asylum or a hospital for the treatment of mental illness, referred to in the Programme national de réconciliation avec les orphelins et orphelines de Duplessis established by Order in Council 1153-2001 dated 26 September 2001 (2001, G.O. 2, 7359, in French only) and Order in Council 675-2003 dated 18 June 2003 (2003, G.O. 2, 3182, in French only).

A user referred to in the first paragraph or, if that user is incapable, the tutor, curator or mandatary of the user is entitled to demand that the institution destroy his or her information described in the first paragraph. In such a case, the information concerned must be completely destroyed.

An institution that contravenes this section is guilty of an offence and is liable to a fine of \$7,500 to \$75,000.

**USER'S GUIDE TO FILLING OUT THE FORM**

**Section A: USER IDENTIFICATION**

■ This section is used to identify the user for whom the request for destruction is being submitted.

**RAMQ health insurance number, first name, last name, date of birth, and sex:** As they appear on the user's health insurance card.

**Address, city, province, and postal code:** The address to which correspondence will be sent.

**Principal and other phone numbers and email address:** For contacting the user to obtain information pertaining to the request.

**When available, and if applicable, as they appear on the birth certificate:**

- Biological mother's first and maiden names and biological father's first and last names.
- Adoptive mother's first and maiden names and adoptive father's first and last names.

**Section B: IDENTIFICATION OF LEGAL REPRESENTATIVE**

Complete this section only if you are filing a request on behalf of the user identified in Section A. All requested fields must be completed and the request must be accompanied by a supporting document (a written statement or copy of the document proving your status as legal representative).

■ This section is used to identify the person making the request, if that person is not the user.

**First and last name:** Of the legal representative.

**Address, city, postal code, phone number, and email address:** For contacting the legal representative to obtain information pertaining to the request.

**What is your relationship to the user?:** Please specify your relationship to the user identified in Section A and on behalf of whom you are submitting the request for the destruction of information. For example: tutor, private or public curator, or mandatary.

**Section C: REQUEST FOR THE COMPLETE DESTRUCTION OF INFORMATION**

■ Please specify the name of the psychiatric hospital described in Section 176 of the Act, where the user was admitted before the age of 21, as well as his or her approximate dates of admission and release.

**Section D: SIGNATURE**

■ Please sign and date your request.

This section is reserved for the medical archivist tasked with processing the request.

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Name (please print)	Signature	Date (y, m, d)
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## APPENDIX 1

### MONITORING TABLE

#### An Act Respecting the Sharing of Certain Health Information – Section 176 Locating medical records of “Duplessis Orphans”

<b>Psychiatric hospital</b>	<b>Institution to contact</b>
01 Sanatorium Saint-Georges de Mont-Joli	CISSS du Bas-Saint-Laurent 288, rue Pierre-Saindon, bureau 115 Rimouski (Québec) G5L 9A8
02 Hôpital Sainte-Élisabeth de Roberval	CIUSSS du Saguenay – Lac-Saint-Jean 930, rue Jacques-Cartier Est Chicoutimi (Québec) G7H 7K9
03 Hôpital Hôtel-Dieu du Sacré-Cœur-de-Jésus	CIUSSS de la Capitale-Nationale 2915, avenue du Bourg-Royal Québec (Québec) G1C 3C2
03 Hôpital Saint-Michel-Archange de Québec et ses établissements affiliés (Pavillons Dufrost et La Jemmerais, (Clinique Roy-Rousseau) et (Sanatorium Mastaï)	CIUSSS de la Capitale-Nationale 2915, avenue du Bourg-Royal Québec (Québec) G1C 3C2
03 Hôpital Sainte-Anne de Baie-Saint-Paul et ses établissements affiliés (Villa Fafard et Mont Saint-Irénée)	CIUSSS de la Capitale-Nationale 2915, avenue du Bourg-Royal Québec (Québec) G1C 3C2
04 Hôpital Saint-Julien de Saint-Ferdinand d’Halifax	CIUSSS de la Mauricie-et-du-Centre-du-Québec 858, terrasse Turcotte Trois-Rivières (Québec) G9A 5C5 CISSS de Chaudière-Appalaches 363, route Cameron Sainte-Marie (Québec) G6E 3B2
05 Pavillon Simon-Perreault de la Société de réhabilitation de Sherbrooke	CIUSSS de l’Estrie Centre hospitalier universitaire de Sherbrooke 594, boulevard Queen-Victoria Sherbrooke (Québec) J1H 3R7
06 Institut Albert-Prévost de Rivière-des-Prairies	CIUSSS du Nord-de-l’Île-de-Montréal Hôpital du Sacré-Cœur de Montréal 5400, boulevard Gouin Ouest Montréal (Québec) H4J 1C5
06 Hôpital Saint-Jean-de-Dieu de Montréal et ses établissements affiliés (Pavillon Notre-Dame-des-Sept-Douleurs, Pavillon Notre-Dame-du-Rosaire et Sanatorium Bourget)	Institut universitaire en santé mentale de Montréal 7401, rue Hochelaga Montréal (Québec) H1N 3M5
06 Hôpital psychiatrique de Bordeaux	Institut Philippe-Pinel de Montréal 10905, boulevard Henri-Bourassa Est Montréal (Québec) H1C 1H1

<b>Psychiatric hospital</b>	<b>Institution to contact</b>
06 Hôpital Mont-Providence de Rivière-des-Prairies	<b>CIUSSS du Nord-de-l'Île-de-Montréal</b> Hôpital Rivière-des-Prairies 7070, boulevard Perras Montréal (Québec) H1E 1A4
06 Allan Memorial Institute de Montréal	<b>Centre universitaire de santé McGill</b> 1650, avenue Cedar, E6-140 Montréal (Québec) H3G 1A4
06 Retraite Saint-Benoît de Montréal	<b>CIUSSS de l'Est-de-l'Île-de-Montréal</b> 5415, boulevard de l'Assomption Montréal (Québec) H1T 2M4
06 Établissements du réseau Anbar (École Anbar inc. : Résidence Carillon, Résidence Chambly, Résidence Rosemère, Résidence Ville Saint-Pierre) (École Saint-André Est inc. : Résidence Henri-Bourassa) (Institut Anbar inc. : Résidence Chomedy, Résidence Gouin)	<b>CIUSSS du Centre-Sud-de-l'Île-de-Montréal</b> 6161, rue Laurendeau Montréal (Québec) H4E 3X6
06 Verdun Protestant Hospital	<b>CIUSSS de l'Ouest-de-l'Île-de-Montréal</b> Institut universitaire en santé mentale Douglas 6875, boulevard LaSalle Montréal (Québec) H4H 1R3
11 Sanatorium Ross de Gaspé	<b>CISSS de la Gaspésie</b> 215, boulevard York Ouest Gaspé (Québec) G4X 2W2
12 Sanatorium Bégin de Sainte-Germaine-du-Lac-Étchemin	<b>CISSS de Chaudière-Appalaches</b> 363, route Cameron Sainte-Marie (Québec) G6E 3B2
12 Foyer Sainte-Luce de Disraeli	<b>CISSS de Chaudière-Appalaches</b> 363, route Cameron Sainte-Marie (Québec) G6E 3B2
14 Hôpital Saint-Charles de Joliette	<b>CISSS de Lanaudière</b> 260, rue Lavaltrie Sud Joliette (Québec) J6E 5X7
15 Hôpital des Laurentides de l'Annonciation	<b>CISSS des Laurentides</b> 290, rue De Montigny Saint-Jérôme (Québec) J7Z 5T3
16 Centre Butters et ceux du réseau Anbar (résidence de Chambly)	<b>CISSS Montérégie-Ouest</b> 200, boulevard Brisebois Châteauguay (Québec) J6K 4W8