



DT9419

**CONSENT TO DISCLOSE  
PATIENT INFORMATION**  
For the purpose of registering  
a person waiting for an organ transplant

|                                   |                  |                         |
|-----------------------------------|------------------|-------------------------|
| User's family name and given name |                  |                         |
| Health insurance number           | Expiry           | Date of birth (Y, M, D) |
| Address (number, street, apt.)    |                  |                         |
| City                              |                  | Postal code             |
| Area code                         | Telephone (Home) | Area code Cell          |
| E-mail                            |                  |                         |

**Important: See instructions on reverse side**

**Consent to disclose personal information**

**Name and status of the signatory:**  
*(if different from the person waiting for a transplant)*

Holder of parental authority or other representative authorized  
by the person waiting for a transplant (art. 11 and following C.C.Q.)

**Registration on the list of persons waiting for a transplant:**

After reading and understanding all of the information on page 2 of this form, and having agreed to be registered on the list of persons waiting for an organ transplant and subject to the regulations pertaining to the allocation of organs determined by Transplant Québec,

**I hereby authorize:** \_\_\_\_\_ to disclose to Transplant Québec,  
Name of institution

all the information related to the need for an organ transplantation, the name and contact information of the above-mentioned person waiting for a transplant as well as that person's hospital record number, so that Transplant Québec can allocate the organ(s) procured from a compatible donor.

I understand that Transplant Québec will disclose information concerning the above-mentioned person waiting for a transplant to Canadian Blood Services (CBS), in accordance with the provisions set out in the attached *Notice to Obtain Consent from Patients Participating in the Canadian Transplant Registry*.

I also understand that, to ensure the security of organ donations and transplants, Transplant Québec must be able to access information concerning the above-mentioned person waiting for a transplant, in accordance with Health Canada regulations.

\_\_\_\_\_  
Signature of the person waiting for a transplant  
or their authorized representative

Date \_\_\_\_\_  
Year Month Day

\_\_\_\_\_  
Witness to the signing (please print the name of the witness)

Date \_\_\_\_\_  
Year Month Day

**Additional consents (optional)**

Transplant Québec requests your consent to monitor the state of your health following the transplant and to register you on a list of patients who may be contacted to take part in research projects or education or awareness initiatives related to organ donation and transplantation.

I hereby allow health and social services institutions to disclose information to Transplant Québec for the purpose of monitoring the state of my health after the transplant.  Yes  No

I consent to being contacted for the purpose of being invited to take part in research projects on organ donation and transplantation.  Yes  No

I consent to being contacted for the purpose of being invited to participate in education or awareness initiatives related to organ donation and transplantation.  Yes  No

Any refusal on your part to provide one of these additional consents will in no way affect your registration on the wait list regarding the allocation of one or more organs for transplantation.

\_\_\_\_\_  
Signature of the person waiting for a transplant  
or their authorized representative

Date \_\_\_\_\_  
Year Month Day

|                                   |            |
|-----------------------------------|------------|
| User's family name and given name | Record no. |
|-----------------------------------|------------|

- **Carefully read over the instructions before filling out the form.**
- **Have the person waiting for a transplant initial the bottom left-hand corner of the page to confirm that they have read the form.**
- **Three (3) copies of the consent form must be filled out and signed.**
- **One copy must be forwarded to Transplant Québec by the healthcare institution, failing which registration on the organ transplant wait list managed by Transplant Québec will not be completed.**

#### Registration on the list of persons waiting for a transplant:

- The Minister of Health and Social Services of Québec has mandated Transplant Québec to coordinate the organ donation process in Québec. Transplant Québec's duties include the management of the transplant wait list; the allocation, procurement and distribution of organs from deceased donors; and support for the continuing improvement of activities related to organ donation and transplantation.
- To register you on the list, Transplant Québec must collect your personal information, including your name, date of birth, health insurance number, hospital record number, and any necessary medical information, such as your blood type, body measurements, and specific laboratory test results.
- Persons waiting for a transplant are registered on a single list, depending on the organ(s) they are waiting for.  
This list is:
  - established on the basis of the information that health and social services institutions send to Transplant Québec;
  - managed by Transplant Québec, based on established rules available to the people waiting for a transplant and the the healthcare professionals concerned;
  - disclosed anonymously to organizations involved in organ donation notably through Canadian Blood Services (CBS), in order to help match donors and persons on the wait list.
- Your consent also allows Transplant Québec to access information on ongoing donation and transplant activities.  
This information makes it possible to:
  - continuously improve the quality of services;
  - study the outcomes and progress of transplants;
  - control and assess quality as it relates to the organization and coordination of the various organ donation and transplantation activities.
- Your personal information submitted by the directors of professional services to Transplant Québec is then forwarded to the Canadian Institute for Health Information (CIHI) to be added to the *Canadian Organ Replacement Registry (CORR)* and also disclosed anonymously to the CIHI for analytical and statistical purposes.

#### Management of your personal information:

- Your personal information will be kept at Transplant Québec's office, located at 4100 Molson Street, Suite 200, Montréal, Québec, H1Y 3N1. In order to exercise your right to access and rectify your personal information, please contact us at [vieprivée@transplantquebec.ca](mailto:vieprivée@transplantquebec.ca).
- Only Transplant Québec employees who need to consult your personal information in the course of their duties will be given access to it.
- You may at any time withdraw your consent to be registered on the wait list or your consent concerning post-transplant follow up. In the event that you withdraw these consents, you will be removed from the wait list and will not be contacted for post-transplant follow up; however, this will in no way affect the data collected by Transplant Québec before the withdrawal of your consent.

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I hereby confirm that I have read the *Notice to Obtain Consent from Patients Participating in the Canadian Transplant Registry* – <http://www.transplantquebec.ca/en/forms-person-waiting-transplantation>

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Initials: \_\_\_\_\_