



DT9419

**CONSENT AUTHORIZING
THE DISCLOSURE OF INFORMATION**
For the purpose of registering
a person waiting for an organ transplant

| | | | |
|--------------------------------|------------------|-------------------------|-------------|
| User's name | | | |
| Health insurance number | Expiry | Date of birth (Y, M, D) | |
| Address (number, street, apt.) | | | |
| City | | | Postal code |
| Area code | Telephone (Home) | Area code | Mobile |
| 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 complied with the regulations pertaining to the allocation of organs determined by Transplant Québec,

I hereby authorize: _____ to disclose to Transplant Québec,
Name of establishment

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

I hereby authorize Transplant Québec to disclose information on 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 hereby authorize Transplant Québec to access information on ongoing donation and transplantation activities concerning the above-mentioned person waiting for a transplant.

Signature of person waiting for a transplant
or his/her authorized representative

Date _____
Year Month Day

Witness signature (print name)

Date _____
Year Month Day

Additional consents (optional)

Transplant Québec solicits 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 awareness or educational initiatives related to donation and transplantation.

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

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

I consent to being contacted for the purposes of being invited to participate in awareness or educational initiatives related to 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 waiting list regarding the allocation of one or more organs for the purpose of transplantation.

Signature of person waiting for a transplant
or his/her authorized representative

Date _____
Year Month Day

| | |
|-------------|----------|
| User's name | File no. |
|-------------|----------|

- Carefully read 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 he or she has 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 establishment, failing which registration on the transplant waiting 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 given Transplant Québec a mandate to coordinate the organ donation process in Québec. Transplant Québec's duties include the management of the transplant waiting list; the allocation, procurement and distribution of organs from deceased donors; and support for continued improvements.
- Persons waiting for a transplant are registered on a single list, depending on the organ(s) for which they are waiting. This list is:
 - constituted based on information that health and social services establishments send to Transplant Québec;
 - managed by Transplant Québec, based on established rules available to persons waiting for a transplant and the interveners concerned;
 - shared, while protecting anonymity, with organizations involved in organ donation, notably through Canadian Blood Services (CBS), in order to promote matching between donors and persons on the waiting list.
- To register you on the list, Transplant Québec must collect your personal information, including your name, date of birth, health insurance number, hospital file number and the necessary medical information (i.e., blood type, anatomical measurements, some laboratory results).
- 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 results and progress of transplants;
 - control and assess quality as it relates to the organization and coordination of organ donation and transplantation activities.
- Your personal information will also be used and shared on an anonymous basis for analytical and statistical purposes.

Management of your personal information:

- Your personal information will be kept at the 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 vieprivee@transplantquebec.ca.
- Only Transplant Québec employees who require to consult your personal information in the course of their duties will be given access to it.
- You may at any time revoke your consent to be registered on the waiting list or your consent concerning transplantation follow-up. In the event of such a revocation, you will be removed from the waiting list and will not be contacted for transplantation follow-up; however, this will in no way affect the data collected by Transplant Québec before the revocation of your consent.

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>

Initials: _____