



**ACT RESPECTING THE PROTECTION
OF PERSONAL INFORMATION IN THE
PRIVATE SECTOR**

Patient Consent to Communicate Personal Information (art. 13 et 18 à 18.4)

1. I, the undersigned _____, agree that personal information held about me by Dr. Louise Marcotte, chiropractor, (or) by the Clinic OrthoChiro are accessible to the following people:
 - a. To myself or my legal representative;
 - b. To members of the Clinic OrthoChiro staff needing it as part of their duties;
 - c. To any person authorized by law to have access to this information;
 - d. To an entity involved in research, study, statistics production activities or necessary for a commercial transaction involving the Clinic OrthoChiro;
 - e. To any other person to whom I have authorized access to the information contained in my file, in writing and specifically.

2. I understand that the personal information mentioned above may be communicated without my consent to other people and organizations mentioned in sections 18 to 18.4 of the Loi sur la protection des renseignements personnels dans le secteur privé.

DATE : _____

PATIENT'S
SIGNATURE: _____

NOTE : Under the OCQ standard, this consent must be signed by the patient when their file is opened, every two (2) years as well as upon the patient's return to the chiropractor's office after an absence of _____