

AUTHORIZATION FORM

This authorization form is filed in the context of the class action for people who have been placed under preventive confinement for more than seventy-two (72) hours, without judicial authorization and subject to a legal extension of confinement, in a Quebec hospital.

I, undersigned,

Name of claimant : _____

hereby authorize Services Proactio Inc., as part of their function as administrator of the claims of class action No. 500-06-001109-202, to obtain a copy of any document relating to preventive confinement contained in my following medical file:

Name the hospital : _____

IN WITNESS WHEREOF, I HAVE SIGNED

IN _____, ON _____
(City) (Date)

Signature

INFORMATION ABOUT THE SIGNATORY PERSON:

FIRST AND LAST NAME: _____

DATE OF BIRTH: _____

FATHER'S FIRST AND LAST NAME: _____

MOTHER'S FIRST AND LAST NAME: _____

HEALTH INSURANCE NUMBER: _____

SECTION TO BE COMPLETED BY THE ADMINISTRATOR ACCORDING TO THE INFORMATION PROVIDED BY THE USER:

Period covered: _____ (identification date of preventive confinement DD/MM/YY)