

**REQUEST FOR ACCESS TO HEALTHCARE INFORMATION  
RELEVANT TO THE TOBACCO CLASS ACTION  
ESTATE – DECEASED TOBACCO-VICTIM**

**EXPLANATORY NOTE**

This form must be completed in order to submit an Access to Healthcare Information Request to Santé Québec for the purpose of obtaining medical information relevant to the Tobacco Class Action.

**Applicant for Access to Healthcare Information:**

The Claimant/Applicant must be the liquidator, an heir, or a successor of the Tobacco-Victim and must provide documentation proving their capacity to Proactio or Epiq.

The medical documents obtained through this access request can only be added to the Tobacco-Victim's claim file once the Claimant/Applicant's capacity has been confirmed by Proactio or Epiq.

In all cases, the Claimant/Applicant must be the same person as the person who is designated as the primary contact in the Tobacco-Victim's claim file. This person is responsible for the steps, communications, and transmission of any information required in relation to the Tobacco-Victim's claim file.

**Compensation Plans:**

There are two (2) compensation plans under the Tobacco Class Action through which Tobacco-Victims may file a claim relating to a compensable tobacco-related disease (as described below):

- **QCAP Plan:** for individuals diagnosed with a compensable tobacco-related disease in Québec before March 12, 2012.
- **PCC Plan:** for individuals diagnosed with a compensable tobacco-related disease in Canada between March 8, 2015 and March 8, 2019 (inclusively).

**Proactio** is the Official Agent for the QCAP Plan, and **Epiq** is the Official Agent for the PCC Plan.

**Epiq** is the Claims Administrator for all claims submitted under the compensation plans.

**Compensable Tobacco-Related Diseases:**

**Only the following diseases are eligible for compensation under the Tobacco Class Action:**

1. Primary lung cancer;
2. Primary squamous cell cancer of the throat (larynx, oropharynx, or hypopharynx); or
3. Emphysema or COPD (GOLD Grade III or IV stage).

In all cases, compensation will be granted only if the Tobacco-Victim meets all the necessary conditions for compensation set out in the PCC or QCAP plans.

**For More Information:**

If you have questions about the claims process under the Tobacco Class Action, please contact the Claims Administrator by phone at: 1-888-482-5852 or by email at: [info@TobaccoClaimsCanada.ca](mailto:info@TobaccoClaimsCanada.ca), or contact the PCC Agent at: [PCCAgent@TobaccoClaimsCanada.ca](mailto:PCCAgent@TobaccoClaimsCanada.ca), or the QCAP Agent at: [tabac@proactio.ca](mailto:tabac@proactio.ca).

**SECTION 1****Identification of the Tobacco-Victim/User**

Please complete the Tobacco-Victim/User's information for the access request.

Last Name:

First Name:

Date of Birth:

Date of Death:

Health Insurance Number (if known):

Tobacco-Victim Claim File Number with Proactio or Epiq:

Mother's full name:

Father's full name:

**SECTION 2****Identification of the Claimant/Applicant**

Please complete the Claimant/Applicant's information for the access request.

Capacity of the Claimant/Applicant:

- Liquidator
- Heir
- Successor

Last Name:

First Name:

Date of Birth of the Claimant/Applicant:

Email:

Phone Number:

**SECTION 3****Purpose of the Request for Access to Health Information**

Please indicate the period(s) to be verified.

If possible, also provide an approximate date of diagnosis to facilitate the search.

Then indicate the compensable tobacco-related disease(s) applicable to the Tobacco-Victim.

**Period(s) Covered:**

- QCAP Plan** (Proactio): Before March 12, 2012
- PCC Plan** (Epiq): Between March 8, 2015 and March 8, 2019 (inclusively)

**Approximate date of diagnosis (if known):**

- Primary lung cancer or Primary squamous cell cancer of the throat (larynx, oropharynx, or hypopharynx)

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| <p>For these diagnoses, the Archives Department must provide <b>one of the following documents confirming the diagnosis:</b></p> <ul style="list-style-type: none"> <li>• Pathology, biopsy, or sputum cytology report;</li> <li>• X-ray report;</li> <li>• CT scan;</li> <li>• MRI;</li> <li>• PET scan.</li> </ul> | OR | <p><b>If none of these documents are found in the patient's file:</b></p> <ul style="list-style-type: none"> <li>• A consultation report or medical note stating the diagnosis of primary lung or throat cancer; and/or</li> <li>• Any other information that could potentially be traced back to another institution.</li> </ul> |
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Emphysema or COPD (GOLD Grade III (severe) and GOLD Grade IV (very severe))

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| <p>For these diagnoses, the Archives Department must provide <b>one of the following documents confirming the diagnosis:</b></p> <ul style="list-style-type: none"> <li>• Spirometry and pulmonologist's report;</li> <li>• X-Ray report;</li> <li>• Computed Tomography (CT scan).</li> </ul> | OR | <p><b>If none of these documents are found in the patient's file:</b></p> <ul style="list-style-type: none"> <li>• A consultation report or a medical note confirming a diagnosis of emphysema or COPD; and/or</li> <li>• Any other information that could potentially be traced back to another institution.</li> </ul> |
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**SECTION 4**  
**Authorization to disclose information contained in the file**

I, the undersigned, in my capacity as  Liquidator  Heir  Successor, authorize the following Healthcare Institution

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to forward any relevant documents identified as part of my Request for Access to Healthcare Information to:

- Proactio, as the QCAP Agent;
- Epiq, as the PCC Agent;
- Epiq, as the Claims Administrator.

I understand that the relevant documents will be sent to Proactio (the QCAP Agent) or Epiq (either in its capacity as the PCC Agent or as the Claims Administrator), and that **only the documents identified by the Archives Department in the files covered by the request may be disclosed to the Claimant/Applicant, upon request**, if their **capacity is duly confirmed**, subject to the restrictions provided by law.

If my capacity **cannot be confirmed**, I understand that Proactio or Epiq will be unable to disclose the documents covered by this access request.

Completed in \_\_\_\_\_, on \_\_\_\_\_.

Signature: \_\_\_\_\_

Full name in block letters: \_\_\_\_\_