

**REQUEST FOR ACCESS TO HEALTHCARE INFORMATION  
RELEVANT TO THE TOBACCO CLASS ACTION  
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 applicant for access to medical information must be either the Tobacco-Victim themselves, or a person authorized to act on their behalf under a representation mandate (e.g., mandatary, tutor, or other), a court judgment, or a power of attorney (the “Legal Representative”).

If you are a Legal Representative, please attach to this Request for Access to Healthcare Information, a document granting you the authority to act on behalf of the Tobacco-Victim and to submit this access request in their name.

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 under 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:

Health Insurance Number:

Tobacco-Victim/User 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.

Request submitted directly by the Tobacco-Victim/User

Email:

Phone Number:

Request submitted by a Legal Representative

Specify in which capacity the Legal Representative is acting:

Mandatary under a power of attorney     Mandatary under a homologated protection mandate

Tutor

Curator

Last Name:

First Name:

Date of birth of the Legal Representative:

Email:

Phone Number:

**SECTION 3****Purpose of the Request for Access to Healthcare 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/User.

**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):**

<input type="checkbox"/> Primary lung cancer or Primary squamous cell cancer of the throat (larynx, oropharynx, or hypopharynx)		
For these diagnoses, the Archives Department must provide <b>one of the following documents confirming the diagnosis:</b> <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	<b>If none of these documents are found in the patient's file:</b> <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>
<input type="checkbox"/> Emphysema or COPD (GOLD Grade III (severe) and GOLD Grade IV (very severe))		
For these diagnoses, the Archives Department must provide <b>one of the following documents confirming the diagnosis:</b> <ul style="list-style-type: none"> <li>• Spirometry and pulmonologist's report;</li> <li>• X-Ray report;</li> <li>• CT scan.</li> </ul>	OR	<b>If none of these documents are found in the patient's file:</b> <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>
<b>SECTION 4</b> <b>Authorization to disclose information contained in the file</b>		
I, the undersigned, in my capacity as the <input type="checkbox"/> Tobacco-Victim/User <input type="checkbox"/> Legal Representative of the Tobacco-Victim/User, authorize the following Healthcare Institution		
<hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> to forward any relevant documents identified as part of my Request for Access to Healthcare Information to:		
<input type="checkbox"/> Proactio, as the QCAP Agent; <input type="checkbox"/> Epiq, as the PCC Agent; <input type="checkbox"/> 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 <b>only the documents identified by the Archives Department in the files covered by the request may be disclosed to the Claimant/Applicant, upon request</b> , subject to the restrictions provided by law.		
Completed in _____, on _____.		
Signature: _____		
Full name in block letters: _____		