

Consent to Disclose Personal Information

Reimbursement Program for Living Donors (RPLD)

This form must be completed by the applicant in block letters.

Living donors who meet the eligibility criteria for the programs cited below and who have applied for reimbursement for travel expenses under the *Reimbursement Program for Living Donors* (RPLD) are first required to forward a reimbursement application to the directors of the following programs:

- Frais remboursables aux malades devant se déplacer pour recevoir des soins et des services de santé non disponibles dans leur région (Reimbursable expenses for patients required to travel to receive health services not available in their region).
www.formulaire.gouv.qc.ca/cgi/affiche_doc.cgi?dossier=3616&table=0
- Gratuité du transport pour les autochtones devant se déplacer pour recevoir des soins de santé non disponibles dans leur région (No-charge transportation for Aboriginal people required to travel to receive health care not available in their region).
www.formulaire.gouv.qc.ca/cgi/affiche_doc.cgi?dossier=12322&table=0

Québec-Transplant and the administrator of the two programs cited above may share personal information on donors for the sole purpose of simplifying the reimbursement process under these programs and determining the eligibility of applicants.

I, _____ hereby consent to disclose personal information intended to
(block letters)

determine my eligibility and to coordinate reimbursement under the following programs:

- *Reimbursement Program for Living Donors.*
- *Frais remboursables aux malades devant se déplacer pour recevoir des soins et des services de santé non disponibles dans leur région* (Reimbursable expenses for patients required to travel to receive health care and health services not available in their region).
- *Gratuité du transport pour les autochtones devant se déplacer pour recevoir des soins de santé non disponibles dans leur région* (No-charge transportation for Aboriginal people required to travel to receive health care not available in their region).

(Family name and given name of applicant)
(block letters)

(Signature of applicant)

yyyy

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dd