

Authorization to Access Information

In accordance with legislation and its requirements, the CIUSSS de l'Estrie – CHUS requests information about people who want to become a family-type resource or intermediate resource. This kind of information is held by various institutions within the educational, judicial, and health and social services systems. In order for your application to be processed, both persons signing this offer of service form must sign an access-to-information authorization form.

Access-To-Information Authorization Form for the 1st applicant:

I, the undersigned, authorize the physicians and institutions in the health and social services, school, and judicial systems who have files and information on me to communicate all this information to the Recruitment Department of **the CIUSSS de l'Estrie – CHUS**. A photocopy of this authorization has the same value as the original. This authorization is valid for a period of one year from the date of signature.

Date

Signature of the 1st applicant

Access-to-Information Authorization Form for the 2nd applicant:

I, the undersigned, authorize the physicians and institutions in the health and social services, school, and judicial systems that have files and information on me to communicate all this information to the Recruitment Department of **the CIUSSS de l'Estrie – CHUS**. A photocopy of this authorization has the same value as the original. This authorization is valid for a period of one year from the date of signature.

Date

Signature of the 2nd applicant