

Authorization to Disclose Personal Information to a Journalist or Journalists

(Under section 53 of the *Act respecting Access to documents held by public bodies and the Protection of personal information*, CQLR, chapter A-2.1, the Ministère de l'Emploi et de la Solidarité sociale may not disclose personal information without the authorization of the person concerned.)

Identification of the beneficiary or client

Last name	First name	File number (CP12)

Last name of spouse (if applicable)	First name	File number (CP12) (optional)

Full home address		Postal code

Identification of the designated journalist(s) who may receive the information

Last name	First name	Last name	First name
Name of media outlet(s) (newspaper, etc.)		Name of media outlet(s) (newspaper, etc.)	
Full address		Full address	
Postal code		Postal code	
Fax	Email	Fax	Email
_____	_____	_____	_____

Information or documents covered by this Authorization

Please keep in mind that the personal information indicated below may be used, displayed or disclosed by media outlets and may be posted on the Web. It is therefore important that you specify as clearly as possible the information in your file that you authorize the Ministère to disclose to the designated journalist(s) and indicate the date or period covered by the information.

	Notice number (optional)	Date or period
<input type="checkbox"/> Information about a financial assistance file (eligibility, reduction, refusal, cancellation, reason, amount of assistance granted, etc.)	_____	_____
<input type="checkbox"/> Information about a complaint or an application for review submitted to the Ministère or the Tribunal administratif du Québec (subject, decision, reason, deadline, etc.)	_____	_____
<input type="checkbox"/> Information about a claim notice (reason, period covered, amount, calculation, etc.)	_____	_____
<input type="checkbox"/> Other (specify):	_____	_____

Authorization and period of validity

Please read the following paragraphs carefully before signing the form.

I authorize the Ministère de l'Emploi et de la Solidarité sociale to provide the above-indicated personal information to the designated journalist(s).

I understand that by signing this Authorization I waive my right to protection of my personal information and release the Ministère from its obligation to treat the information in question as confidential.

I also release the Ministère from all responsibility regarding the use of the information by the media.

Unless it is revoked, this Authorization is valid for 30 days as of the date on which it is signed.

I confirm that I have read and understood this form. I acknowledge that I have acted freely and voluntarily in authorizing the disclosure of the above-indicated personal information to the designated journalist(s).

Date	Signature of beneficiary or client	Signature of spouse (if applicable)
_____	_____	_____
Date	Signature of legal representative or administrator (if applicable)	
_____	_____	

Protection of personal information

The Ministère de l'Emploi et de la Solidarité sociale requires the personal information that it collects in order to fulfil its responsibilities. The information is treated as confidential. The Ministère will provide access to the personal information only to its personnel or representatives for the purpose of applying the Authorization. You are entitled to consult the information about you held by the Ministère and to ask for corrections by contacting the person responsible for access to documents and the protection of personal information at the Ministère.

Renseignements ou documents communiqués (For Ministère use)

Date	Signature du représentant du Ministère	Téléphone	poste
_____	_____	_____	_____