

Email Address

### Request Information

#### Type of Request

- This is a request for my personal information.** No initial fee required.
- This is a request for someone else's personal information.** No initial fee required. Proof of your authority to act on behalf of another individual who is the subject of the personal information or a valid written consent from the individual who is the subject of the personal information **must** be attached.
- This is a request for general information.** A \$25 initial fee is required. Carewest accepts cheque or money order made payable to "Alberta Health Services." Processing of your request will not commence until the initial fee is received.

#### Details of Request

What record(s) do you want to access? Please provide specific details about the record(s) you are requesting, such as, if known, the topic/subject matter of the record(s) and the Carewest Site/department/office where the records are located.