

Please submit your completed form and initial payment, if applicable, either by mail to Carewest Information Management & Privacy, Carewest Dr. Vernon Fanning, 722 10th Avenue NE, Calgary, Alberta T2E 6V7 or by fax to (403) 230-6995 or by email to Carewest CarewestHealthInformationManagement@ahs.ca. For questions on how to complete this form contact Carewest Information Management & Privacy at (403) 230-6900 or email CarewestHealthInformationManagement@ahs.ca

Requestor Information

Mr Ms Dr Last Name First Name
 Mrs Miss

Organization (if applicable)

Mailing Address City/Town Province Postal Code

Phone (cell/home) Phone (work) Fax

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.

What is the time period of the record(s) requested? If known, please provide specific start and end dates.

Type of Access

- Copies of record(s) requested
 Viewing of record(s) requested

Signature Date (YYYYMMDD)

For office use only