

Request to Access Information

Freedom of Information and Protection of Privacy (FOIP) Act

Please submit your completed form and initial payment, if applicable, either by mail to Carewest Information Management & Privacy, Carewest Dr. Vemon Fanning, 722 16th Avenue N.E. Calgary, Alberta T2E 6V7 or by fax to (403) 230-6995 or by email to Carewest <u>CarewestHealthInformationManagement@ahs.ca</u> 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 □ Mrs □ Miss	🗆 Dr	Last Nar	ne		First Name		
Organization (if applicable)							
Mailing Address			City/Town		Province	Postal Code	
Phone (cell/home)		Phone (work)	Fax				
Email Address							
Request Information							
 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 (YYYY/Mon/D		//Mon/DD)	DD)		
For office use only							
Date Received (YYYY/Mon/DD))		Request Number			
The collection of your personal information on this form is legally authorized by section 33 (c) of the Freedom of Information and Protection of Privacy Act (Alberta). Your information will only be used and disclosed as necessary for responding to your request. If you have any questions about the collection of your personal information as provided on this form, please contact Carewest Information Management & Privacy by emailing <u>CarewestHealthInformationManagement@ahs.ca</u> , calling (403) 230-6900 or send your questions in writing by prepaid mail addressed to Carewest Information Management & Privacy, Carewest Dr. Vernon Fanning, 722 16 th Avenue N.E. Calgary, Alberta T2E 6V7							

CW (02/2024)