

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. Vernon Fanning, 722 16th Avenue N.E. 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			
<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Dr	Last Name	First Name	
<input type="checkbox"/> Mrs <input type="checkbox"/> Miss			
Organization (if applicable)			
Mailing Address		City/Town	Province Postal Code
Phone (cell/home)	Phone (work)	Fax	
Email Address			
Request Information			
Type of Request			
<input type="checkbox"/> This is a request for my personal information. No initial fee required.			
<input type="checkbox"/> 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.			
<input type="checkbox"/> 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			
<input type="checkbox"/> Copies of record(s) requested			
<input type="checkbox"/> Viewing of record(s) requested			
Signature		Date (YYYY/Mon/DD)	
For office use only			
Date Received (YYYY/Mon/DD)		Request Number	