

Requester Information

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|---|-----------|------------|
| <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

- 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. Carowest accepts cheques or money order made payable to "ATI-Carowest-FOIP". Provide cheque or money order to Carowest Health Information Management at Carowest Dr. Vernon Family Centre, 722 46 Ave NE, Calgary, Alberta T2E 6V7. 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 Carowest site/quadrant/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

| | |
|--------|--------------------|
| System | Date (YYYY/Mon/DD) |
|--------|--------------------|

For office use only

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|-----------------------------|----------------|
| Date Received (YYYY/Mon/DD) | Request Number |
|-----------------------------|----------------|