

Please submit your completed form and initial payment, if applicable, either by mail to Carewest Health Information Management, Carewest Dr. Vernon Fanning Centre, 722 16 Ave NE, Calgary, Alberta T2E 6V7 or by fax to (403) 230-6995 or by email to [CarewestHealthInformationManagement@ahs.ca](mailto:CarewestHealthInformationManagement@ahs.ca). For questions on how to complete this form contact Carewest Health Information Management at (403) 230-6929 or email [CarewestHealthInformationManagement@ahs.ca](mailto:CarewestHealthInformationManagement@ahs.ca).

<b>Requestor Information</b>			
<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss		Last Name	First Name
Organization (if applicable)			
Mailing Address		City/Town	Province      Postal Code
Phone (cell/home)		Phone (work)	Fax
Email Address			
<b>Request Information</b>			
<b>Type of Request</b>			
<input type="checkbox"/> <b>This is a request for my personal information.</b> No initial fee required. <input type="checkbox"/> <b>This is a request for someone else's personal information.</b> 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 <b>must</b> be attached. <input type="checkbox"/> <b>This is a request for general information.</b> A \$25 initial fee is required. Carewest accepts cheque or money order made payable to "AR-Carewest-FOIP." Provide cheque or money order to Carewest Health Information Management at Carewest Dr. Vernon Fanning Centre, 722 16 Ave NE, Calgary, Alberta T2E 6V7. Processing of your request will not commence until the initial fee is received.			
<b>Details of Request</b>			
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.			
<b>Type of Access</b>			
<input type="checkbox"/> Copies of record(s) requested <input type="checkbox"/> Viewing of record(s) requested			
Signature		Date (YYYY/Mon/DD)	
<b>For office use only</b>			
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 Health Information Management by emailing [CarewestHealthInformationManagement@ahs.ca](mailto:CarewestHealthInformationManagement@ahs.ca), calling (403) 230-6929 or send your questions in writing by prepaid mail addressed to Carewest Health Information Management, Carewest Dr. Vernon Fanning Centre, 722 16 Ave NE, Calgary, Alberta T2E 6V7. CW (03/2025)