

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 CAL_CarewestHealthInformationManagement@ahs.ca. For questions on how to complete this form contact Carewest Health Information Management at (403) 230-6929 or email CAL_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
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Phone (cell/home)	Phone (work)	Fax
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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 "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.

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/DD)
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For office use only

Date Received (YYYY/Mon/DD)	Request Number
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