

The personal information collected on this form is for the use of the requesters and is not to be disseminated outside. The collection is authorized by section 8 of the Access to Information Act. For questions on this subject or to request a personal document, please contact the information coordinator. For more information visit www.carewest.com/privacy.

For individuals who are completing the form

What is your name?	First Name	Last Name
Name of Ministry or Department (if applicable)		
Mailing Address		
City/Town/Village	Province	Postal Code
Telephone Number (include)	Telephone Number (if working)	
Email Address		

What year request?	1. What kind of information do you want to access?	1. How long have you been a resident of this region? (see instructions for help with this question) 2. How long have you been a resident of this region? (please provide general information)
	2. Do you need this:	1. Information for your records? or 2. Records for review?

What are the reasons you require access?	1. What records do you want to access?	Please give us your name or position. If you are requesting your own personal information, we will do our best to provide it. For another person's information, we need about you? (see our instructions for help with this question)
	2. What is the purpose of the records?	Please give your full name. See instructions for details.

How important?	Urgent	Not Urgent
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Where can we get your request?	Please select your preferred communication channel. If you are not currently a Carewest Health Information Management System (CHIMS) member, please contact us for more information. Visit www.carewest.com/privacy or call 1-800-363-3333.
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FOR APPROVAL ONLY	
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Request Number	Request Number
	Comments