

See instructions below for completing this form

About you	Last Name		First Name		
	Name of Company or Organization (if applicable)				
	Mailing Address				
	City/Town/Village		Province	Postal Code	
	Telephone Number (daytime)		Telephone Number (Evening)		
	Email Address				

About your request	1. What kind of information do you want to access?	<input type="checkbox"/> General information (An initial fee of \$25 is required - see instructions for explanation of fees.) <input type="checkbox"/> Your own personal information (No initial fee is required for personal information.)
	2. Do you want to:	<input type="checkbox"/> Receive a copy of the record? OR <input type="checkbox"/> Examine the record?

About the information you want to access	1. What records do you want to access?	Please give as much detail as possible. (If you want access to your own personal information, be sure to give all your previous names. For another person's information, you must attach proof that you can legally act for that person.)
	2. What is the time period of the records?	Please give specific dates. (See instructions for details.)

Your Signature	Signature	Date (yyyymmdd)
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Where to send your request	Please submit your completed form and initial payment, if applicable, either by mail addressed to Carwest Health Information Management, Carwest Dr. Vernon Fanning Centre, 722 16 Ave NE, Calgary Alberta T2E 6V7 or by email to CHL.CarwestHealthInformationManagement@hfa.ca or by fax to (403) 233-6966.
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FOR OFFICE USE ONLY

Date Received	Request Number
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