Health Information Access Request

(Information Management & Privacy)

Patients and authorized representatives have two options when making a health information access request. Carefully and thoroughly review all information on Page 1 before choosing an option.

Use this form to submit a request for your own health information or if you are requesting health information on behalf of a resident/client. Requests are usually processed within 30 days. Processing time may vary depending on complexity of the request and volume of records. **Fees are charged for processing a request for information. See Page 4 for instruction on completion and payment.**

Photo identification (ID) or two pieces of non-photo ID is required to confirm identity. If you are faxing or mailing in your request, please make sure photocopies are clear.

Option 1 - Informal Access Request	Option 2 - Formal Access Request
■ There are less administrative constraints with an informal process. ■ Your request may be received and processed in less time than the formal process. ■ Requested under section 17 of the Health Information Act (HIA). ■ Fee estimates are provided by request only. ■ An invoice will be sent to you along with a copy of the health information you requested. ■ Informal requests are not considered for a review by the Office of the Information and Privacy Commissioner *(OIPC).*	***NOTE: No steps in this process can be waived once a request has been submitted.*** ■ This process may not suit you if you need your health information on an urgent basis. ■ Custodians are permitted up to 30 days to respond to your request. ■ Requested under section 8(1) of the Health Information Act (HIA) and acknowledged upon receipt. ■ All requests will be charged a minimum fee of $25. If your request requires processing fees over $50, you will receive a further estimate. Any amounts provided in the fee estimate must be agreed upon by you prior to the request being processed. ■ Request processing time stops once the fee estimate has been issued and re-commences immediately upon an agreement to pay the fee. ■ From the date of the fee estimate notification, you have a maximum of 20 days to: - accept the fee estimate; or - contact us to modify the request to change the amount of fees assessed. ■ If no action is taken after 30 days you will be notified in writing that your request has been abandoned, at which time you may ask the Office of the Information and Privacy Commissioner *(OIPC)* for a review of our decision. ■ If your access request cannot be completed within 30 days, a time extension in accordance with HIA section 15 may be granted for an additional period of up to 30 days. ■ You may ask for a review of our response by the OIPC. For more information, please visit: Investigation Procedures for Reviews/Privacy Complaints – Office of the Information and Privacy Commissioner of Alberta *(oipc.ab.ca)*

Carewest
INNOVATIVE HEALTH CARE

Health Information Access Request
(Information Management & Privacy)

Office Use	
	Resident/Client HRN
	Date Received *(YYY/Mon/DD)*

Confirmation of Option Selected

I have read the information on Page 1, and confirm the following:

☐ I would like to make an **informal request.**

☐ I would like to make a **formal request.**

Who is requesting this information?

☐ I am the patient

☐ I am not the patient

Resident/Client Information

Last Name	First Name
Birthdate *(YYYY/Mon/DD)*	Personal Health Number

Requester Information ☐ Same as above

Last Name	First Name
Mailing Address	

City/Town	Province	Postal Code	Phone

Information Requested

Name of Carewest Facility	Unit Program or Area of Service	Time Periods of Records

Indicate the records or information you want *(attach a separate sheet of paper if you need more space)*

Delivery Method

☐ Mail information to above address

☐ The information will be picked up (ID required) *Note: Information is held for 2 weeks then mailed*

☐ Send electronically (select option below):

☐ MyAHS **OR** ☐ Globalscape (provide email):

Complete this section only when you are requesting someone else's health information

What is your relationship to the resident/client?

What is the reason for disclosure?

Health Information and personal information collected on this form will be used to process your request for health information. Collection of this information is authorized under section 20(b) of the Health Information Act and section 33(c) of the Freedom of Information and Protection of Privacy Act. Carewest is collecting the personal health number under section 21(1) (a) of the Health Information Act. If you have questions about the collection of any information on this form please contact Carewest Information Management & Privacy by phone at (403) 230-6900.

Authorization

If you are requesting on behalf of the resident/client, check the box below that applies to you and attach a copy of the document that confirms your authority to act on behalf of the resident/client.

☐ Guardian of an individual under the age of 18 years **AND** the individual is not a mature minor.

☐ Guardian or trustee appointed under the Adult Guardianship and Trusteeship Act, **AND** requested information relates to powers and duties of guardian or trustee.

☐ Nearest relative under the Mental Health Act **AND** requested information is needed to carry out obligations of the nearest relative.

☐ Agent under the Personal Directives Act **AND** directive has been enacted **AND** requested information is relevant to a decision the agent is authorized to make.

☐ Personal representative of a deceased resident/client **AND** requested information relates to administration of the individual's estate.

☐ Power of attorney has been granted by the resident/client **AND** requested information relates to powers and duties of attorney.

☐ Written authorization has been given by the resident/client to make request on his/her behalf.

Requester Signature	Date *(YYYY/Mon/DD)*

How to complete the form and submit your request

Resident/Client information
Enter your last name and first name. If you are requesting health information for another individual (for example: your spouse or parent who has given you written authorization to make a request on his/her behalf), enter the name of that other individual. Enter the date of birth and the personal health care number of the individual whose health information you are requesting.

Requester Information
Print your last name and first name (please print). Enter your complete mailing address and the telephone number at which you may be contacted during business hours. (Carewest Information Management and Privacy staff may need to contact you if they have questions about your request). If you are requesting your own health information, place a check mark in the "same as above" box.

Information Requested
Please be as specific as possible in completing this part of the form. This will assist Carewest in responding to your request accurately, completely and quickly. List the records or information you are requesting as precisely as you can (for example: records relating to my stay on Neuro Rehabilitation). Provide the name of the Carewest Facility that provided the health services (for example: Dr. Vernon Fanning Centre). Identify the Unit/Program or area that provided the services (for example: RCTP). Sign and date your request.

Authorization
When you make a request for health information, you will be asked to provide proof of your identity before the records are provided to you. All copies of identification will be returned to you after your request has been processed. If you are requesting records for another individual, please check the box indicating the power you are exercising on behalf of the individual whose information you are requesting. Please attach evidence of your authority to exercise that power (for example: guardianship order; power of attorney; excerpts from a will naming you as executor and the date and signature of the will).

Payment
All requests for health information are subject to a fee. A basic fee of $25.00 is applied to all requests (if copies of information are being provided, this fee includes up to 100 pages). Every page after that costs 0.05 cents per page. Depending on record format (e.g., paper, electronic, or microfilm), additional costs may apply in accordance with the Health Information Regulation Fee Schedule. Carewest accepts payment by cheque, payable to Alberta Health Services.

Submission of Request
Submit your request by emailing, faxing, mailing, or delivering in person to:

Carewest Health Information Management
Carewest Dr. Vernon Fanning Centre
722 16 Ave NE
Calgary, Alberta, T2E 6V7

Fax: (403)230-6995

Email: CAL.CarewestHealthInformationManagement@carewest.ca