Carewest
INNOVATIVE HEALTH CARE

Access to Information Request Form
Protection of Privacy Act (POPA)

The personal information collected on this form will be used to respond to your access to information request. This collection is authorized by section 4 (c) of the *Protection of Privacy Act*. For questions about the collection of personal information, contact the Access to Information Coordinator by email at cal.CarewestAccessPrivacy@carewest.ca.

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?**	☐ **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 **"Alberta Health Services"** with a note stating "**AR-Carewest-ATIA**." 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 your request will not commence until the initial fee is received.
	2. Do you want to:	☐ Receive a copy of the record? OR ☐ 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 (*yyyy-Mon-dd)*

Where to send your request	Please submit your completed form and initial payment, if applicable, either by mail addressed to Carewest Health Information Management, Carewest Dr. Vernon Fanning Centre, 722 16 Ave NE, Calgary, Alberta T2E 6V7 or by email to CAL.CarewestHealthInformationManagement@carewest.ca or by fax to (403)230-6995.

FOR OFFICE USE ONLY	
Date Received	Request Number
	Comments

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You can access some Carewest records without making a request under the *Access to Information Act.* To determine whether you need to make a request under the Act or if you need help completing the form, contact the Access to Information Coordinator by email at cal.CarewestAccessPrivacy@carewest.ca.

How to make a request

To obtain access to a record, a request must:

- be in writing;
- be submitted to Carewest, whom the applicant believes has custody or control of the record;
- provide enough detail to enable Carewest to locate and identify the record within a reasonable time with reasonable effort; and
- be accompanied by a fee where a fee is required under this Act.

Carewest should respond to the request within 30 business days from receiving the request, unless the time to respond to a request has been extended for additional reasonable purposes.

About you

In this part of the form enter:

- your last name, first name and preferred title, if any;
- the name of the company or organization you are representing, if applicable;
- your complete mailing address and contact information so that Carewest can contact you about the request;
- an e-mail address, if any, where correspondence may be sent.

About your request

If you need help to find out what records Carewest has, contact Carewest Health Information Management.

1. What kind of information do you want to access?

Check general or personal information.

A request for general information is information other than your own personal information (see below). For example, it would include information about a third party.

- There is an initial fee of $25.00.
- For a request to Carewest, please consult with Carewest Health Information Management for payment information. Do not include your credit card information in the mail or fax.
- Additional fees may apply. If the total cost of processing your request is more than $150, you are asked to pay a 50% deposit.
- The records are provided when the fee is paid in full.

A request for personal information is recorded information about an identifiable individual. A request for personal information can only be made for your own personal information or for personal information of an individual you are entitled to represent.

- There is no initial fee for accessing your own personal information.
- If the cost of photocopying is more than $10, you will be notified of the fee.

Continuing request

You may indicate in a request that the request, if granted, continues to have effect for a specified period of up to 2 years. Contact Carewest Health Information Management if you are making a continuing request.

- The initial fee is $50.00.
- You must pay any additional costs as the information becomes available.

2. Do you want to receive a copy of the record or examine the record? Check the appropriate box indicating whether you want to receive a copy of the record or examine the record.

About the information you want to access

1. What records do you want to access?

- Be as specific as possible in describing the records.
- If you need more space, continue your description on a separate sheet of paper and attach it to this request form.

If requesting your own personal information, give:

- your full name;
- any other names that you have previously used; and
- any identifying number that relates to the records, such as your employee number, case number or other identification number.

If requesting another person's information, give:

- the person's full name;
- any other name that person may have used on the records;
- any identifying numbers for the person, if you know them; and
- proof that you have authority to act for that person (e.g. guardianship or trusteeship order, power of attorney).

2. What is the time period of the records? Enter the specific dates or date ranges of the records you want to access (e.g. if you want records for the period January 1, 2023, to August 31,2024 or you want records from January 2024 to present etc.)

Your signature Sign and date the form.

Where to send your request

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(403)230-6995