

Request to Access Health Information

The information on this form is collected under Alberta's *Health Information Act* and will be used to respond to your request for your own health information. Instructions for completing this form are on the back.

About you

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms. <input type="checkbox"/> Miss	<input type="checkbox"/> Dr.	Last name	First name
Mailing address				
City or town		Province		Postal code
Telephone (business) ()	Telephone (home) ()	Fax number ()	E-mail address	
Date of Birth (day/month/year)	Other ()			

About your request

1. Please attach the initial fee of \$25.00.
2. To which custodian are you making your request? *(Please fill in the name of the individual or organization.)*

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3. Do you want to: (a) receive a copy of the record? **OR** (b) 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. Indicate if you also want access to records about the disclosure of your information. *(Be sure to give all your previous names. If you are requesting access to another individual's information, you must include information to identify the individual (in the box below) and attach proof that you can legally act for that individual (under section 104 of the Act). If you need more space, please attach a separate sheet of paper.)*

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2. What is the time period of the records? Please give specific dates. *(See reverse for details.)*

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Your signature

Signature	Date
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For authorized office use only:

Date received	Request number

