



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"/> Ms <input type="checkbox"/> Dr. Last name		First name	
<input type="checkbox"/> Mrs. <input type="checkbox"/> Miss			
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.)*

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.)*

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

Your signature

Signature	Date
-----------	------

For authorized office use only:

Date received	Request number

How to complete the form

You may be able to access your own health information without making a request under the *Health Information Act*. To determine whether you need to make a request under the *Act* or if you need help completing the form, contact the HIA Coordinator or the person responsible for processing requests in the organization to whom you are making the request.

About you

Check the title by which you prefer to be addressed and enter your last name and first name. Enter your complete mailing address and your daytime and evening telephone numbers. The custodian may need to contact you if they have any questions about your request. If you have a fax number or E-mail address where correspondence can be sent, enter them in the spaces provided.

About your request

If you need help to find out what records a custodian has, please consult their HIA Coordinator or the person responsible for processing requests.

1. If you are making a request for your own health information you will have to provide proof of your identity before the records are released to you. If you are requesting records for another person, you will have to provide proof that you have the authority to act for that person. For example, you might provide proof that you are the person's guardian or trustee or that you have power of attorney for the person. There will be an initial fee of \$25. If additional fees are charged, you will be provided with an estimate of how much your request will cost before processing begins. Processing starts once you have paid at least 50% of any estimated fee. The records are provided when the fee is paid in full.
2. Enter the name of the custodian that you believe has the records that you want to access.
3. Do you want to receive a copy of the record or examine the record? Check the appropriate box.

About the information you want to access

1. What health information are you requesting? Please be as specific as possible in describing the records. The more specific your request, the quicker and more accurately it can be answered. If you need more space, please continue your description on a separate sheet of paper and attach it to this request form.

Please be sure that you give:

- your full name;
- any other names that you have previously used; and

- any identifying number that relates to the records, such as your personal health number, case number or other identification number.

If you are requesting records for another person, you will have to provide proof that you have the authority to act for that person.

2. Enter the time period of the requested records. For example, if you are requesting records for the period January 1, 1998 to August 31, 1999, enter those dates in the space provided. If you want records from August, 1996 to the present, enter "August, 1996 to the present."

Your signature

Sign and date the form and send it to the HIA Coordinator or person responsible for processing requests. If you are not sure of where to send the form, please consult the HIA Coordinator or other responsible person of the organization that has the records you wish to access.