

Please submit your completed form and initial payment, if applicable, either by mail to CapitalCare 21st Floor, 10004 – 104 Avenue, Edmonton, AB T5J 0K1 or by fax to 780.496.7148 or by email to Chief Information and Privacy Officer at info@capitalcare.net. For questions on how to complete this form or for instructions on how to pay online via credit card, email info@capitalcare.net.

Requestor Information			
<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr.	Last Name
<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss		First Name
Organization (if applicable):			
Mailing address		City/Town	Postal Code
Province		Phone (cell/home)	Phone (work)
		Fax	
Email Address:			
Request Information			
Type of Request			
<input type="checkbox"/> This is a request for my personal information. No initial fee required.			
<input type="checkbox"/> 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 subject of the personal information or a valid written consent from the individual who is the subject of the personal information must be attached.			
<input type="checkbox"/> This is a request for general information. A \$25 initial fee is required. CapitalCare accepts cheque or money order made payable to "CapitalCare" Processing of your request will not commence until the initial fee is received.			
Details of Request			
What record(s) do you want to access? Please provide specific details about the record(s) you are requesting, such as, if known, the topic/subject matter of the record(s) and the CapitalCare department/office where the records are located.			
What is the time period of the record(s) requested? If known, please provide specific start and end dates			
Type of Access			
<input type="checkbox"/> Copies of record(s) requested			
<input type="checkbox"/> Viewing of record(s) requested			
Signature:		Date (yyyy-Mon-dd)	
For office use only			
Date Received (yyyy-Mon-dd)		Request Number	

The collection of your personal information on this form is legally authorized by section 33 (c) of the Freedom of Information and Protection of Privacy Act (Alberta). Your information will only be used and disclosed as necessary for responding to your request. If you have any questions about the collection of your personal information as provided on this form, please contact the Chief Information and Privacy Officer at info@capitalcare.net or send your questions in writing by prepaid mail addressed to the attention Chief Information and Privacy Officer, CapitalCare 21st Floor, 10004 – 104 Avenue, Edmonton, AB T5J 0K1.