

Request to Access Health Information

The information on this form will be used to respond to your request for your own health information.

SECTION A: APPLICANT INFORMATION

<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	

SECTION B: DETAILS OF THE REQUEST

- Capital Care policy (in accordance with the Health Information Act) states a \$25.00 administration fee, plus GST, will be levied. If the request involves copying more than 20 pages, a fee of \$0.25, plus GST, will be charged for each subsequent photocopied page. You will be invoiced by our Finance Department.
- Do you want to: (a) receive a copy of the record? **OR** (b) examine the record?
- What records do you want to access? Please give as much detail as possible. *The collection of your personal information on this form is legally authorized by section 33 © 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 of Chief Information and Privacy Officer at 21st Floor, 10004 – 104 Avenue, Edmonton, Alberta T5J 0K1.*

- What is the time period of the records? Please give specific dates.

SECTION C: SIGNATURE

Resident or Substitute Decision Maker Signature	Date
Source of Substitute's Authority	

For authorized office use only:

Date Received	Request Number