

Please submit your completed form and initial payment, if applicable, either by mail to Alberta Health Services, Information & Privacy, 5th Floor, North Tower, Seventh Street Plaza, 10030 – 107 St, Edmonton, AB T5J 3E4 or by fax to 1.780.735.1666 or by email to [privacy@ahs.ca](mailto:privacy@ahs.ca). For questions on how to complete this form or for instructions on how to pay online via credit card, contact Information & Privacy by email at [privacy@ahs.ca](mailto:privacy@ahs.ca).

Requestor Information			
<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss	Last Name	First Name	
Organization (if applicable)			
Mailing Address	City/Town	Province	Postal Code
Phone (cell/home)	Phone (work)	Fax	
Email Address			
Request Information			
<b>Type of Request</b> <input type="checkbox"/> <b>This is a request for my personal information.</b> No initial fee required. <input type="checkbox"/> <b>This is a request for someone else's personal information.</b> 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 <b>must</b> be attached. <input type="checkbox"/> <b>This is a request for general information.</b> A \$25 initial fee is required. AHS accepts cheque or money order made payable to "Alberta Health Services." Processing of your request will not commence until the initial fee is received.			
<b>Details of Request</b> 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 AHS department/office where the records are located.  <hr/> <hr/> <hr/> <hr/>			
What is the time period of the record(s) requested? If known, please provide specific start and end dates.  <hr/>			
<b>Type of Access</b> <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 a Privacy Advisor by emailing [privacy@ahs.ca](mailto:privacy@ahs.ca), or send your questions in writing by prepaid mail addressed to the attention of Information & Privacy at Seventh Street Plaza 5th Floor North Tower 10030-107 Street, Edmonton AB T5J 3E4.