

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, contact Information & Privacy at 1.877.476.9874 or email [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.			
_____			
_____			
_____			
_____			
_____			
What is the time period of the record(s) requested? If known, please provide specific start and end dates.			
_____			
<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)	
<b>For office use only</b>			
Date Received (yyyy-Mon-dd)		Request Number	

Personal information on this form is collected under section 33 of the Freedom of Information and Protection of Privacy Act and will be used to respond to your request. If you have questions about AHS' collection and use of your personal information, contact Information and Privacy at 1.877.476.9874 or email [privacy@ahs.ca](mailto:privacy@ahs.ca).