

The applicant or their authorized representative must complete this form before Alberta Health Services may disclose the applicant's response and associated records to someone else (unless Alberta's *Protection of Privacy Act* authorizes disclosure without consent).

| Applicant 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 |
| Representative Information | | | |
| Last Name | | First Name | |
| Organization (if applicable) | | | |
| Mailing address | | | |
| City/Town | | Province | Postal Code |
| Representative is authorized to: (check one) <input type="checkbox"/> Exercise all my rights under the <i>Protection of Privacy Act</i> and the <i>Access to Information Act</i> <input type="checkbox"/> Exercise my right to access all my records contained in my request <input type="checkbox"/> Exercise my right to access only the following records contained in my request (describe) _____ <input type="checkbox"/> Other (describe in detail) _____ _____ _____ | | | |
| I confirm that my representative has the authority to carry out the above rights and responsibilities on my behalf. | | | |
| Name (Print Last Name, First Name) | | Signature | |
| Date (yyyy-Mon-dd) | | Expiry Date (Optional) (yyyy-Mon-dd) | |
| Witness Last Name | First Name | Witness Signature | |

The collection of your personal information on this form is legally authorized by section 4 (c) of the *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, 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.