



**Request for Access to Information**

<b>Applicant Information</b> (please print)			
<input checked="" type="checkbox"/> Mr. <input checked="" type="checkbox"/> Ms <input checked="" type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Miss	Last Name		First Name
Company or Organization Name (if applicable)			
Mailing Address			
City / Town		Province	Postal Code
Telephone (home)	Telephone (work)	Fax	E-mail
<b>What records are you requesting? Please give as much detail as possible.</b>			
For what dates or approximate time periods?			
For health information, what is hospital ID number for the person? If no number, what is the date of birth of the person?			
Any previous personal names used?			
<b>Are you requesting another person's personal information? If so, please provide evidence that you can legally act for that person. (See back of form)</b>			
Do you want to: <input type="checkbox"/> receive a copy of the record? OR <input type="checkbox"/> examine the original record only?			
<b>Initial Fees</b>			
This is a request for:			
<input checked="" type="checkbox"/> records of a person who has received health care	Please attach an initial fee of \$25.00		
<input checked="" type="checkbox"/> records of a health care provider			
<input checked="" type="checkbox"/> non-personal information	No initial fee		
<input checked="" type="checkbox"/> other personal information			
<b>Applicant's Signature</b>			<b>Date</b>

Personal information contained on this form is collected under the authority of the *Health Information Act* or the *Freedom of Information and Protection of Privacy Act*. The information will be used only for the purpose of responding to your request. The Alberta Health Services may charge additional fees for processing this request in line with legislated fee schedules.

<b>Date Received by the Alberta Health Services</b>	<b>Assigned Request Number</b>
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## ***Legal Representatives***

Beside the individual who is the subject of the information only the legal representative of the individual can exercise the individual's rights of access, correction, and consent. According to s. 104 of the Health Information Act and s. 79 of the Freedom of Information and Protection of Privacy Act, legal representatives are restricted to:

- the guardian of a minor under 18 years, so long as the minor is not competent to understand and exercise their own rights; otherwise, the minor must sign on their own behalf
- a representative of the estate of a deceased person who was 18 years or over at time of death, for the purpose of administering the deceased's estate.
- the "guardian" or "trustee" of a dependent adult under the *Dependent Adults Act (Alberta)*, if it relates to their designated powers
- the "agent" of a person under the *Personal Directives Act (Alberta)* if it relates to their designated powers
- a person granted power of attorney by another individual if it relates to their designated powers
- in the case of a patient under the *Mental Health Act (Alberta)*, the individual's nearest relative for the purpose of carrying out obligations under the Act
- any person with written authorization from the individual to act on the individual's behalf

Please note that a spouse or family member cannot be considered a legal representative unless they meet one of the criteria above. Alberta Health Services will usually require a copy of documentation of a legal representative's status before releasing the information.