



# Request to Access Health Information

The information on this form is collected under the authority of the Alberta *Health Information Act* and will be used only for the purpose of responding to your request. CLS may charge additional fees for processing this request. If this is the case, you will be provided with a fee estimate before records are reproduced.

**Please attach the initial fee of \$25 and mail your request to the Information and Quality Advisor at Calgary Laboratory Services 9, 3535 Research Road NW T2L 2K8**

## About you

<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			Personal Health Number:		

## About your request

1. Please attach the initial fee of \$25.00.
2. Do you want to: (a) receive a copy of the record?  **OR** (b) examine the record?

## About the information you want to access

1. **What records do you want to access?** Please give as much detail as possible. For example: Date of Service, Ordering Physician, Names of Tests. *(If you are requesting access to another individual's information, you must include information to identify the individual (in the box below) and attach proof that you can legally act for that individual (under section 104 of the Act.) If you need more space, please attach a separate sheet of paper.)*

## Your signature

Signature	Date

### For authorized office use only:

Date received:	Request number	
Date released:	Signature of recipient:	Records Released By: