

Please submit your completed form 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. For questions on how to complete this form, contact Information & Privacy at 1.877.476.9874 or email 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
Mailing address			
City or town		Province	Postal code
Telephone (<i>Business</i>)		Telephone (<i>Home</i>)	Fax number
Email address			
Patient Information (<i>Provide information about the individual who is the subject of the correction or amendment request.</i>)			
<input type="checkbox"/> Same as above		Last Name	First Name
Date of Birth (<i>yyyy-Mon-dd</i>)		Personal Health Number	
Request Information			
Type of Request			
<input type="checkbox"/> This is a request for correction or amendment of my health information. <input type="checkbox"/> This is a request for correction or amendment of someone else's health information. Proof of your authority to act on behalf of another individual who is the subject of the health information or a valid written consent from the individual who is the subject of the health information must be attached.			
Please clearly identify the health record(s) you want corrected or amended. (<i>If you have a copy of the record(s) you want corrected or amended, please attach them to your request.</i>)			
What health information do you want corrected or amended? (<i>Be clear, concise, and specific when you identify the information within the health record(s)</i>)			
What additional documentation do you have to support your request? (<i>When you identify the information in your health record(s) that you believe is wrong and/or where there is a mistake, please provide supporting documentation containing objective evidence that demonstrates where there is an error. A statement of personal opinion will not be considered as supporting documentation or objective evidence.</i>)			
Signature			Date (<i>yyyy-Mon-dd</i>)
For authorized office use only			
Date received (<i>yyyy-Mon-dd</i>)		Request number	