



westgrove
clinic SPRUCE GROVE

Suite 201, 505 Queen Street Spruce Grove, AB T7X 2V2

Phone 780-962-9888 Fax 780-960-5298

Request to Access Health Records

I, _____, Alberta Health Care # _____
(name)

request a copy of my personal health records on file with Dr. _____

and associates at Westgrove Clinic.

- I request a complete copy of my complete health records (or)
- I request a summary of my health records and any pertinent medical reports (or)
- I request a copy of my health record for the period of:

_____ to _____ (or)

- I request specific records as follows: (please give as much detail as possible.)

I am requesting my records for the purpose of: _____

I understand that this service is not covered by Alberta Health Care or by my medical plan, and I am responsible for the cost incurred for the preparation of my records.

Signature of Patient: _____

Signature of Witness: _____

Witness Name: _____

Date: _____