



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 of Another Individual

I, _____, request a copy of the personal health records
(printed name)

for: _____, patient's Alberta Health Care # _____
(printed patient name)

on file with Dr. _____ and associates at Westgrove Clinic.

- I request a complete copy of the complete health records on file (or)
- I request a summary of the health records and any pertinent medical reports (or)
- I request a copy of the health record for the period of:
_____ to _____ (or)
- I request specific records as follows: (please give as much detail as possible.)

I am requesting the 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 records.

Signature of Requestor: _____ Relationship to patient: _____

Signature of Witness: _____ Witness Name: _____

Date: _____

You may have to provide proof that you can legally act for this individual (under section 104 of Alberta's Health Information Act).