

**Request to Access Health Information**

This form is to be filled out by the patient requesting access to their own personal information held by EFW Radiology in accordance with Alberta's Health Information Act (HIA).

*Mail to: EFW Radiology, c/o Patient Records, 312 3883 Front Street SE, Calgary, Alberta T3M 2J6, Canada;  
Fax: 403-541-0006; Email: [patientrecords@efwrad.com](mailto:patientrecords@efwrad.com)*

Patient Information		
<b>Last Name</b>	<b>First Name</b>	
<b>Address</b>		
<b>City/Town</b>	<b>Province</b>	<b>Postal Code</b>
<b>Date of Birth (dd/mmm/yyyy)</b>	<b>Alberta Health Care Number</b>	

Details of Request
<p>Please describe in detail the health information you are requesting we disclose to you, including the type of information e.g. Medical reports, and/or images and date(s) of tests performed. Attach additional pages if needed.</p>

<b>Your Signature</b>	<b>Date (dd/mmm/yyyy)</b>
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The personal information on this form is collected under Part 3 of the Health Information Act. If you have any questions about EFW's collection and use of your personal information, contact EFW Radiology's Privacy Officer at 587-470-6449 or email [privacy.officer@efwrad.com](mailto:privacy.officer@efwrad.com)

