

The applicant or their authorized representative must complete this form before Alberta Health Services may disclose the applicant's response and associated records to someone else (unless Alberta's *Freedom of Information and Protection of Privacy Act* authorizes disclosure without consent).

<b>Applicant Information</b>			
<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss	Last Name	First Name	
Organization <i>(if applicable)</i>			
Mailing address			
City/Town	Province	Postal code	
<b>Representative Information</b>			
Last Name	First Name		
Organization <i>(if applicable)</i>			
Mailing address			
City/Town	Province	Postal Code	
<b>Representative is authorized to:</b> <i>(check one)</i>			
<input type="checkbox"/> Exercise all my rights under the <i>Freedom of Information and Protection of Privacy Act</i> <input type="checkbox"/> Exercise my right to access all my records contained in my request <input type="checkbox"/> Exercise my right to access only the following records contained in my request <i>(describe)</i> _____ _____ <input type="checkbox"/> Other <i>(describe in detail)</i> _____ _____ _____			
I confirm that my representative has the authority to carry out the above rights and responsibilities on my behalf.			
Name <i>(Print Last Name, First Name)</i>		Signature	
Date <i>(yyyy-Mon-dd)</i>		Expiry Date <i>(Optional)</i> <i>(yyyy-Mon-dd)</i>	
Witness Last Name	First Name	Witness Signature	

The collection of your personal information on this form is legally authorized by section 33 (c) of the Freedom of Information and Protection of Privacy Act (Alberta). Your information will only be used and disclosed as necessary for responding to your request. If you have any questions about the collection of your personal information as provided on this form, please contact a Privacy Advisor by emailing [privacy@ahs.ca](mailto:privacy@ahs.ca), calling 1-877-511-4455 or send your questions in writing by prepaid mail addressed to the attention of Information & Privacy at Seventh Street Plaza 5th Floor North Tower 10030-107 Street Edmonton AB T5J 3E4.