

# Request to Access Health Information

## Alberta Health Information Act

**MAYFAIR**<sup>®</sup>  
DIAGNOSTICS

Mayfair collects, uses, and discloses your personal health information in accordance with the provisions set out in Alberta's Health Information Act (HIA), which includes the provision of health services, the billing for those services, other specific authorized purposes, and will be used to respond to your request for access of your own health information. Instructions for completing this form are below. **Please submit your completed form by:**

**Mail:** Mayfair Diagnostics, Privacy Officer  
132 – 6707 Elbow Dr. SE,  
Calgary, AB T2V OE3

**Fax:** 1.403.777.3008

**In person:** Drop off in person in a sealed envelope addressed to Mayfair Privacy Officer at any of our clinic locations.

For questions regarding Mayfair's privacy policy or how to complete this form, contact Mayfair's Privacy Officer at 403.385.0265 or email [privacy@radiology.ca](mailto:privacy@radiology.ca).

### ABOUT YOU

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City or town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Telephone (main): \_\_\_\_\_ Telephone (alternate): \_\_\_\_\_ Fax: \_\_\_\_\_

Date of birth (day/month/year): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Health Card #: \_\_\_\_\_

### ABOUT YOUR REQUEST

- As allowed under HIA, pending review of your request there may be an associated fee which will be presented to you prior to completing your request.
- To which custodian are you making your request? **MAYFAIR DIAGNOSTICS**
- Do you want to (check one):  receive a copy of the record? **OR**  examine the record?

### ABOUT THE INFORMATION YOU WANT TO ACCESS

- What records do you want to access?** Please give as much detail as possible. Indicate if you also want access to records about the disclosure of your information. *(Be sure to give all your previous names. If you are requesting access to another individual's information, you must include information to identify the individual (in the box below) and attach proof that you can legally act for that individual (under section 104 of the Act). If you need more space, please attach a separate sheet of paper.)*  
\_\_\_\_\_  
\_\_\_\_\_

- What is the time period of the records? Please give specific dates. (See reverse for detail.)**  
\_\_\_\_\_

Your signature: \_\_\_\_\_

Date (day/month/year): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**For authorized office use only:**

Date received (day/month/year): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Request number: \_\_\_\_\_

Contd.

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# How to complete the form

You may be able to access your own health information without making a request under the *Health Information Act*. To determine whether you need to make a request under the *Act* or if you need help completing the form, contact Mayfair's Privacy Officer at 403.385.0265 or email [privacy@radiology.ca](mailto:privacy@radiology.ca).

## ABOUT YOU

Check the title by which you prefer to be addressed and enter your last name and first name. Enter your complete mailing address and your daytime and evening telephone numbers. The custodian may need to contact you if they have any questions about your request. If you have a fax number or email address where correspondence can be sent, enter them in the spaces provided.

## ABOUT YOUR REQUEST

If you need help to find out what records Mayfair has, please consult Mayfair's Privacy Officer.

1. If you are making a request for your own health information, you will have to provide proof of your identity before the records are released to you. If you are requesting records for another person, you will have to provide proof that you have the authority to act for that person. For example, you might provide proof that you are the person's guardian or trustee or that you have power of attorney for the person. If a fee is charged, you will be provided with an estimate of how much your request will cost before processing begins. Processing starts once you have paid at least 50% of any estimated fee. The records are provided when the fee is paid in full.
2. The custodian (Mayfair Diagnostics) has already been entered for you.
3. Do you want to receive a copy of the record or examine the record? Check the appropriate box.

## ABOUT THE INFORMATION YOU WANT TO ACCESS

1. What health information are you requesting? Please be as specific as possible in describing the records. The more specific your request, the quicker and more accurately it can be answered. If you need more space, please continue your description on a separate sheet of paper and attach it to this request form.

Please be sure that you give:

- Your full name.
- Any other names that you have previously used.
- Any identifying number that relates to the records, such as your personal health number, case number, or other identification number.

If you are requesting records for another person, you will have to provide proof that you have the authority to act for that person.

2. Enter the time period of the requested records. For example, if you are requesting records for the period January 1, 1998 to August 31, 1999, enter those dates in the space provided. If you want records from August, 1996 to the present, enter "August, 1996 to the present."

## YOUR SIGNATURE

Sign and date the form and send it to Mayfair's Privacy Officer as outlined at the top of the form.