



# REQUEST TO ACCESS HEALTH INFORMATION

**Instructions:**

- Use this form to submit a request for your own health information or if you are requesting health information on behalf of someone else you have been authorized to act for.
- An initial fee of \$25.00 is required before processing of your request will begin. Payment options appear on the next page.
- Please complete all sections of this form and return by mail (address provided on next page) or by fax to 780-437-6133.
- Photo identification or two pieces of government issued non-photo ID are required to confirm identity. If you are faxing or mailing in your request, please make sure photocopies of your identification are clear and legible.

Requester/Contact Information			
Last Name		First Name	
Organization (if applicable)			
Mailing Address			
City	Province	Postal Code	Phone
Email			Fax
<b>Fees</b> – An initial fee of \$25.00 is required before processing of your request will begin. Payment can be made by electronic transfer, cheque or credit card. See “how to complete the form” for instructions on submitting payment.			
<b>Right of Access to Patient/Client Information</b> – 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 (according to section 104 of the <i>Health Information Act</i> ).			
Full Name		Birthdate	
Personal Health Number		Relationship to Requester	
Type of Records Requested			
<b>What records do you want to access?</b> Please give as much details as possible. (If you need more space, please attach a separate sheet of paper).			
<b>Timeframe (please be as specific as possible):</b>			
Signature			Date
For authorized office use only	Date Received	Basic Fee Received	Request Number

CASA Mental Health (CASA) protects the privacy of individuals in accordance with the *Health Information Act (HIA)*. Personal and/or health information collected on this form will only be used for the purpose of responding to the request and is collected pursuant to section 20(b) of the HIA. Collection will occur directly from the individual except in specific circumstances in accordance with section 22(2)(b). CASA is collecting the personal health number in accordance with section 21(1)(a). For more information or if you have any questions about the collection of this information, please contact CASA’s Privacy Office by email at [privacy@casaservices.org](mailto:privacy@casaservices.org) or by phone at 780-400-2271.



# HOW TO COMPLETE THE FORM

## COMPLETING THE REQUEST FORM:

- 1. REQUESTER/CONTACT INFORMATION:** Reference the full name, date of birth and personal health number of the individual for whom information is being requested. Ensure your complete mailing address and current contact information is included as our office may need to contact you if they have any questions about your request.
- 2. FEES:** Payment for fees can be made by electronic transfer, VISA or MasterCard or by cheque/money order.  
To pay by electronic transfer please send payment to [accounts.receivable@casaservices.org](mailto:accounts.receivable@casaservices.org) and indicate the payment is for Health Records within the message text box (if you are paying the basic fee of \$25.00).  
To pay by cheque or money order, please mail the completed form along with your payment to the mailing address below. Please make payments payable to: CASA Mental Health. Please reference Health Records on the memo line.  
To pay by credit card please contact 780-400-2271 to submit payment.
- 3. PATIENT/CLIENT INFORMATION:** When making any request for health information you will have to provide proof of your identity. If you are requesting records for another person, in addition to providing proof of your identity, you will have to provide proof that you have the authority to act for that person. For example, you may provide proof that you are their legal guardian or trustee or that you have power of attorney. Ensure you include legible copies of any and all supporting legal documentation (up to and including the most recent).
- 4. MODE OF ACCESS:** A paper copy of the record will be provided unless a request to examine the record is made.
- 5. TYPES OF RECORDS REQUESTED:** What health records are you requesting? Please be as specific as possible in describing the records. If you need more space, please continue your description on a separate sheet of paper and attach it to this request form.
- 6. TIME PERIOD:** For example, if you are requesting records pertaining to specific services received sometime between the period of January 1, 2000 to August 31, 2000, enter those dates in the space provided. If you are unsure, approximations are still appreciated.
- 7. SIGNATURE:** Please ensure you have signed and dated the form.

### CASA Mental Health Contact Information

Phone number:	780-400-2271
Fax number:	780-437-6133
Mailing address:	10645 63 Avenue Edmonton, AB T6H 1P7
Hours of operation:	8:15 am – 4:30 pm (Mon - Fri)