

Request to Correct Health Information

This form is to be filled out by the patient requesting a correction to their own personal information held by EFW Radiology in accordance with Alberta's Health Information Act (HIA). If you are acting on behalf of a patient, please identify and include any legal authority documents to support this request.

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

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

Details of Request for Correction
Please describe in detail the health information you are requesting we correct. The more detail provided the easier it is for us to accommodate your correction request. Attach additional pages if required.

Your Signature	Date (dd/mmm/yyyy)
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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

