Authorization of Representative
(Under Section 104(1)(i))

I, _____ living at _____ ,

(name of municipality), in the province of _____,

designate _____

living at _____ (name of municipality) in the province of

_____ as my authorized representative to act on my behalf,

and to exercise (check one of the following):

☐ all my rights under the *Health Information Act;* OR

☐ my right to access all records containing my health information; OR

☐ other – define:

_____

_____

_____

☐ the rights that are conferred on me under the *Health Information Act* in regard to the following questions:

_____

_____

I confirm that my representative has the authority to carry out the above rights and responsibilities on my behalf.

The present authorization will be in effect until _____ 20_____

SIGNED BY _____ in the presence of:

_____
Witness

Affidavit for Witness (Optional)

Canada
in the Province of Alberta

I, _____, _____ of _____
(name of the witness in full) (occupation of witness) (complete home address of witness)

in the province of _____, make oath and say that:

1. I was personally present and I saw _____ sign the
(name of person)
Authorization of Representative to which this is attached.

2. The Authorization of Representative was signed by _____
(name of the person)
At _____ in the province of

_____ and that I am the one who witnessed the document.

3. I know _____ and I believe that he/she is 18 years of age or older.
(name of person)

_____
Signature of Witness

Sworn before me at _____

in the province of _____

on _____

_____
Commissioner for Oaths

_____
(print name here)

My Commission expires _____, 20_____