



**Request to Correct Personal Information**

**Personal information you provide below will only be used to complete your request to correct your personal information. This form must be completed and the supporting documentation provided before personal information will be corrected.**

Title (optional)	Last Name	Middle Initials	First Name	
AMA Member Number		E-mail Address		
Mailing Address	Street/Avenue	City	Province	Postal Code
Daytime Telephone Number (     )	Evening Telephone Number (     )		Fax Number (     )	

**A. Whose information do you wish to correct?**

- Your own personal information
- Another person's information *(Please attach proof you may legally act for that individual)*

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**B. Please specify the personal information that needs to be corrected.** Provide us with as much detail as possible.

- i.** Note if you want to correct your own personal information and have recently moved or changed your name. You must provide proof of your identity before records containing your personal information are corrected.
- ii.** If you want to correct another individual's information, ensure you give the full name that is in their records. You *must* attach proof that you may legally act for that individual (e.g., power of attorney, guardianship or trusteeship).



**C. Specify the correction(s) you wish to make and why.** Please attach any documents that support your request.


**D.** Please sign and date this form and send it to the Privacy and Records Advisor, Alberta Medical Association, 12230 106 Avenue NW, Edmonton Alberta T5N 3Z1.

Signature	Date
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**For Office Use Only**

<b>Date Received</b>	<b>Comments</b>