## <u>UTAH AUTHORIZATION TO DISCLOSE, RELEASE AND USE PROTECTED</u> <u>HEALTH INFORMATION</u>

	Telephone: ()
Address:	
0:	
This authorization permits you to re nospitalization of:	release a copy of records in your possession regarding any medical treatment and/or
lame of Patient	
	Date of Birth
Date(s) of Injury/Occupational Disc	ease
ncludes but is not limited to, your evaluations, prognosis, clinic notes	information and records regarding the above named individual in your possession. This medical findings, diagnosis, treatment, treatment summaries, psychological or psychiatric s, diagnostic reports or radiology films, physical therapy records, pharmacy records, billing lation in your records for the past 10 years. I understand that based on the information in related to any substance abuse.
njury or occupational disease. The	on furnished may be used to evaluate and verify my claim for benefits for a work related information obtained is relevant to a workers' compensation claim(s) and may be used by a service related to, or adjudicating the claim(s).
arty. Revocation of this authorization thorization. Please note that the ind would, therefore, no longer be pentified health care provider, exce	55 days after date of signature, but may be revoked by signator in writing to the requesting on will not be valid if the requesting party has taken action in reliance upon such information disclosed or used pursuant to this authorization may be subject to re-disclosure protected under the terms of the HIPAA privacy rule. I also understand that the above-ept under limited circumstances, may not condition treatment, payment, enrollment in a son whether this authorization is signed.
PHOTOCOPY OR SCANNED COPY	of this authorization shall be deemed to have the same authority as the original.
hereby certify that I have read th disclosure of the information desc	ne provisions in this authorization. I understand and agree to its terms, and authorize cribed above.
Patient	
STATE OF UTAH )	
: ss	
	, 20, personally appeared before me,
he signer of the within instrumen	nt, who duly acknowledged to me that he/she executed the same.
	NOTARY PUBLIC