CLIENT REQUEST FOR PERSONAL HEALTH INFORMATION

(For Health Care Financing / Children's Health Insurance Program To Disclose Information)

_____ _____ _____/_____/_____

Client Name **Social Security #** **Date of Birth**

I _____ hereby request the

(Client or Personal Representative)

Utah Department of Health, through its Division of Health Care Financing to release to me specific health information.

The specific health information requested for disclosure is: _____

_____.

_____/_____

Signature of Client or Authorized Representative Date

If signed by an Authorized Representative, a description of authority to serve: _____

_____.