

MEDICAID MEMBER AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)

Member Name: (Please Print)		Medicaid ID#	
Member Email:		Member Phone #	
Member Address:	Street Address		
	City:	State:	Zip:

I authorize Utah Medicaid OR the following organization/program/entity to SHARE/DISCLOSE my health information:

Information to be released:

Dates/Date Range of Requested Data: From: _____ To: _____

Format and Delivery: Electronic Paper Other: _____

I am requesting that the following person or organization RECEIVE my health information:
Myself - For my own use OR for:

Name:	Phone:
Address:	Email:

- Initial here for one time disclosure. Otherwise this authorization will automatically expire one year from the date signed below unless revoked.
- I understand that based on the dates, providers, and information I have designated above, the disclosure may include information regarding my participation in a substance use treatment program.
- I understand that Medicaid will not condition treatment, payment, enrollment or eligibility for benefits on whether I sign this authorization. I may inspect or copy any information used or disclosed under this authorization.
- I understand that the information to be released may include reference to sensitive information related to mental and behavioral health, genetic testing, HIV/AIDS or other communicable diseases, and drug or alcohol use.
- I understand that I may revoke this authorization in writing at any time by sending a written revocation of authorization to the Medicaid Privacy and Security Office, 288 N 1460 W, P.O. Box 143104, SLC, UT 84114-3104.
- Records may be released before you revoke your authorization and be subject to re-disclosure by the recipient and may no longer be protected under federal privacy law.

Signature of Member or Representative Date

Printed Name of Member or Representative

Submit this form to the Medicaid Privacy Office by email at dih_medicaidprivacy@utah.gov; or
by mail to 288 N 1460 W, P.O. Box 143104, SLC, UT 84114-3104.