

Ultra High-Cost Drug U.C.A. § 63G-2-309 Written Claim of Business Confidentiality

Submit the completed form via fax to 855-828-4992 or via email to medicaidpharmacy@utah.gov

Name of entity/individual and representative:	Address:
*Name and address of the individual or entity, including to claim.	he name of the entity's representative making this confidentiality
•	d to the Department of Health and Human Services est the record be considered confidential and given
Record Description:	
*Description of the record provided to DHHS that you clain protected status under the Utah Government Records Acce	m is a confidential business record that you believe qualifies for ess and Management Act.
*A statement of reasons supporting your claim of business necessary, but the statement should be concise.	s confidentiality. You may attach additional pages, when
made that the record should be disclosed because the restriction of access. Records claimed to be protected disclosed until the period in which to bring the appeal appeal unless you, after notice, waive the claim by not a makes a claim of business confidentiality under this Su governmental entity that retains the record, and all star	expires or the end of the appeals process, including judicial appealing or intervening in such proceedings. "A person who bsection (1) shall protect, defend, and indemnify the ff and employees of the governmental entity from and or arising from a denial of access to the record as a protected U.C.A. §63G-2-309 (1) (c).
Signature Authorized Representative	 Date