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Instructions for Completing Authorization for Disclosure of Protected Health Information Form

1. Print legibly in **ALL** fields using black or blue ink.
2. Fill out the name or facility you want to **RELEASE** the patient information to. Be sure to include correct name/facility, address, email (remember email isn't always secure), phone and/or fax number.
3. Date of Admission/Treatment is **REQUIRED**. Specify what date(s) of service to be released (e.g., April-May 2008, all dates of service, etc.).
4. Mark the appropriate boxed of which items are to be disclosed (e.g., labs, radiology reports, discharge summary, emergency dept.). If you would like all items for the date of service listed check "Others" and write in "All records".
5. "The information will be used/disclosed for the following purposes" – Please state why you want the information released (e.g., continued care, insurance claim, billing etc.).
6. This authorization will remain in effect – Indicate an expiration date for the release. Check the box to list a date or list an event (e.g., records are sent)
7. Signature required. If you are a personal representative for the patient you must state your relationship to the patient (e.g., legal guardian, power of attorney, etc.). **You will need to provide Identification** (passport, Driver's License, state or military ID) or proof of authority (power of attorney or proof of legal guardianship) is required to receive records.

FEES!!

Black & white copies – First 20 pages – free, additional pages will be \$.20 a page

Color copies - \$.40 a page

Radiology images on CD – \$10.00

Fees can be paid by exact change, check, Credit or Debit Card

Refer to Utah Code 78B-5-618 regarding fees

ALL FIELDS MUST BE FILLED OUT IN ORDER TO PROCESS REQUESTS

Depending on the amount of information and medical significance, Medical Releases may take 1-5 business days but no longer than 30 days.