SALT LAKE COUNTY HEALTH DEPARTMENT

Authorization to Release Records

(GRAMA and CDCA-covered Programs)

Print

Medical Information: I, _____, born _____, consent to the release of the following medical information:

_____

_____

This authorization is limited to PHI created from _____ to _____.

Authority to Request Release of Medical Information: I consent to the release of this medical information as the following person:

☐ I am the subject of the record(s).

☐ I am the parent/legal guardian of the subject of the record (and documentation is attached).

I understand that these records are private under GRAMA or confidential under the Communicable Disease Control Act (CDCA) and cannot be disclosed without my written consent.

Method of Release of Medical Records: The records should be delivered as follows:

☐ I will pick up the records. I understand I will need photo identification and this completed form.

☐ First Class Mail to: Name: _____

Address: _____

_____

☐ Certified Mail (at my expense) to: Name: _____

Address: _____

_____

☐ Fax to: _____

This form must be completed and notarized no more than 90 days before the date of the request.

Costs: I understand that I will be responsible for copying costs and I authorize up to $_____ in costs. I understand the prepayment of costs over $50.00 may be required and that SLCoHD will contact me if estimated costs are greater than the above-specified amount. I understand that I may request a waiver of costs under UCA 63G-2-203(4) **(you must attach supporting documentation)**.

_____ _____ _____

Signature of Client (or Personal Representative) Relationship to Client Date

Subscribed and sworn to me this _____ day of _____, 20____, by _____, known by me to be the person named above.

_____

Notary Signature *(not required if subject of record picks up with ID)*

Residing at: _____ My commission expires: _____

FOR OFFICE USE ONLY

Form of ID: _____

ID verified by: _____ Client ID/Chart #: _____

Date request received: _____ Date processed: _____

Employee releasing data: _____