

Notice of Privacy Practices

We are required by law to maintain the privacy of, and provide individuals with, the notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to the notice, please ask to speak with our HIPPA Compliance Officer in person or by phone at our main office 801-773-9790.

Authorization to Release Health Care Information

I request and authorize my health care information can be released to:

Name_____

Relationship_____

Date_____

I may cancel this authorization to the extent allowed by the law. If I do, I understand that the doctor/practice may have already released information about me after I gave permission. I know that canceling this authorization would not prohibit any release of information by the doctor/practice in the reliance on my original authorization.

Once my doctor gives out the information that I have authorized to release, I know that my doctor has no control over that information. The individual or organization that I authorized to receive the information might re-disclose it. Federal or State privacy laws no longer protect the information.