CANYON VIEW Family Medicine

Health Insurance Portability and Accountability Act
Release of Information Authorization

Patient Name		Birth Date	
I hereby authorize the following to use and disclose my Protected Health Information (PHI) as described in detail below			
Authorized Sender	**Canyon View Medical Group** 325 West Center St. Spanish Fork, UT 84660 Phone: 801-798-7301 Fax: 801-798-8513		
This authorization applies to the specific information listed below *(provide a specific and meaningful description including the time period of records):*			
Authorized Receiver	Name: Address: City/State/Zip: Phone: Fax:		
I authorize the following specified records of my PHI to be used and disclosed for the following specific purpose(s): ☐ *Office Notes* ☐ *Lab Report(s)* ☐ *Radiology Report(s)* ☐ *Immunization Records* ☐ *Other:*			
This authorization will expire on ____ / ____ / ____, or upon the following event: *If no date given, will expire 2 years from date signed*			

I understand that my PHI may be re-disclosed by the person or entity receiving my PHI and that it may no longer be protected by federal privacy regulations. I voluntarily sign this authorization, and I understand that my health care will not be affected if I do not sign this form. I understand that I have the right to receive a copy of this authorization. I also understand that I may revoke or modify this authorization at any time by notifying CVMG in writing. I understand that my revocation or modification of this authorization will not affect any actions taken by CVMG in reliance on this authorization before CVMG receives my request for revocation or modification. I must sign my written request for revocation and send it to:

Canyon View Medical Group
Attn: Release of Information
325 West Center Street
Spanish Fork, UT 84660
Phone: 801-798-7301 Fax: 801-798-8513

Signed: _____ *Date:* _____

If not signed by the patient, please indicate relationship or authority to sign: _____

Preferred Delivery Method:

☐ Fax to: _____
☐ Mail to Authorized Receiver above
☐ Pick up

There will be no copying charge to release medical records to another physician or health care supplier. However, there is a $0.50 per page copying charge plus tax, handling, and postage for any other individual or company. Other entities may have different rates as well.