

UTAH HEMATOLOGY ONCOLOGY PC

AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

Harold Johnson, MD

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(801) 476-1777

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Please list any and all persons to whom your Protected Health Information may be released. It is not necessary to list physicians or other providers involved in your care. You may list anyone you feel would need to have information about your condition. IF SOMEONE NOT ON THIS LIST REQUESTS INFORMATION, WE WILL NOT BE ABLE TO PROVIDE IT, EVEN IF THEY ARE RELATED TO YOU. You may add or delete individuals from this list at any time

I hereby authorize Utah Hematology Oncology PC representatives to release my Protected Health Information to the persons listed below. I understand that they may also be used as emergency contacts.

Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone

Patient Signature

Date

Reviewed by

Date

Entered into Medical Manager

Date