



Authorization to Disclose Protected Health Information

5101 S Commerce Drive • Murray, Utah 84107
Telephone: (801) 262-7475 • Toll Free 1-800-662-5851 • Fax: (801) 269-9734 • www.emihealth.com

Remember: EMI Health will not disclose your personal health information (PHI) other than for treatment, payment, or health care operations to anyone without your express permission.

Identifying Information for the Insured and Dependents

Insured Name	Insured Social Security Number		
Current Address	City	State	Zip
Phone Number	Insured Date of Birth		
Signature of Insured or Legal Representative	If signed by legal representative Relationship to Insured	Date	

Member\Dependent Name	Signature of Member\Dependent or Legal Representative	Legal Representative Relationship to Member\Dependent	Date
1.			
2.			
3.			
4.			

Expiration Date of This Authorization: _____ or Expiration Event: _____

If you do not indicate an expiration date or an expiration event, this Authorization will expire six months following your termination of enrollment in your health plan or until revoked in writing as described below.

Name of Individual or Entity to Whom the Information Will Be Disclosed: _____

Purpose of Disclosure: For assistance in claims payment or processing
 Other: _____

Specific description of information to be used or disclosed (including dates): _____

I understand that:

- Once EMI Health discloses information according to this Authorization, it cannot guarantee that this information will not be redisclosed to a third party or that this information will be protected by federal and state law governing the use and disclosure of individually identifiable health information.
- This Authorization will remain in effect until it expires or until I provide a written notice of revocation to EMI Health.
- I may refuse to sign or may revoke this Authorization at any time for any reason, except to the extent that EMI Health has already made disclosures in reliance on this Authorization; and
- While EMI Health does not condition the commencement, continuation or quality of health insurance, care management, and other services it provides to me on my signing and not revoking this Authorization, my refusing to sign or revoking this Authorization may limit EMI Health's ability to provide these services to me.

In understanding of this Authorization, I agree to allow EMI Health to disclose my information as described in this Authorization. If I have questions about such disclosures, I can contact EMI Health at 1-800-662-5851 or locally at 801-262-7475.

This Authorization to disclose PHI is valid until six months following your termination of enrollment in your health plan or until revoked, in writing, and addressed as follows. Revocation will be valid only for future acts and will not be valid for any action EMI Health has taken before receiving your revocation.

EMI Health
Attention: Customer Service
5101 S Commerce Drive
Murray, Utah 84107