

Opt-out request for individual's identifiable health data records

UCA 26B-8-501.1 (10)(a)(i)

Pursuant to Utah Code Title 26B, Chapter 8, Section 5 "Utah Health Data Authority," certain identifiable health data is collected by and may be accessible to the Department of Health and Human Services to fulfill the Department's duties required by Section 5. This form fulfills the requirements in Utah Code § 26B-8-501.1 (10)(a)(i), *health data authority duties*, to provide an opt-out request to have an individual's identifiable health data records suppressed or restricted from being accessible for the Department's duties in Section 5. Upon submission of this form, the Department will no longer access the identifiable health data for the duties in Section 5. The identifiable health data will still be submitted to the department and stored per Record Series: 30883, Title: Opt-out submissions (customer records), 30875, Title: Data - All Payer Claims Database - processed data, and 30876, Title: Data - Healthcare Facilities Database - processed data

Submission of personally identifiable information included within this form is voluntary; however, failure to provide this information may result in a delay in processing your request or the inability to confirm the individual's identity. We will use the information solely to identify the individual the opt-out request is for.

Section A: Individual whose identifiable health data records are being requested for opt-out

Please provide the following information about the person whose identifiable health data records are being requested for suppression or restriction.

Name: _____
Last *First* *M.I.*

Any other names: Maiden or Last Name First Name

Alternate Name: _____

Date of Birth: _____
MM/DD/YYYY

Address:

Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Phone:

Email:

Section B: Requestor's Information

Please provide the following for you, as the requestor

1. Relationship to the individual the request is for

Self (i.e., requesting an opt-out of one's information)

Parent (i.e., requesting an opt-out for one's child);

Please attach a copy of the individual(s) birth certificate, certificate of adoption, or court order finalizing the adoption.

Legal guardian of minor or legally incapacitated individual;

Please attach a copy of the court order that establishes guardianship

2. Name (If different than Section A)

Last

First

M.I.

3. Address:

Street Address *Apartment/Unit #*

City *State* *ZIP Code*

4. Phone:

Email:

Section C: Authorizing Party and Signature

The requesting individual must provide a signed copy to the Utah Department of Health and Human Services by email or mail.

Email:

healthcarestats@utah.gov

Subject line: Opt-out request

Mailing address:

Utah Department of Health and Human Services

Healthcare Information and Analysis Programs

Opt-Out Request

PO Box 144004

Salt Lake City, Utah 84114

Under penalty of law, I hereby declare all information on this form to be accurate. I understand that the information being provided is highly confidential and agree to indemnify the Utah Department of Health and Human Services from any claims and expenses arising from any misrepresentation I have made in connection with this request.

Signature

Date

Questions about this form?

Please email us at healthcarestat@utah.gov or call 801-538-7048.