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ENTERPRISE, UTAH 84725

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## HIPAA AUTHORIZATION

*HIPAA is a privacy rule authorization in which an individual gives signed permission to allow a covered entity (EVMC) to use or disclose the individual's protected health information (PHI) to the recipient(s) listed in the authorization above.  
This HIPAA authorization is valid for 1 year unless otherwise specified.*

I hereby authorize Enterprise Valley Medical Clinic to disclose my medical information, both verbally and written to:

1. \_\_\_\_\_  
Name Phone Number Relationship

2. \_\_\_\_\_  
Name Phone Number Relationship

3. \_\_\_\_\_  
Name Phone Number Relationship

List additional people if needed,

\_\_\_\_\_  
\_\_\_\_\_

*I understand the above persons will have access to my medical information until I revoke my consent in writing to Enterprise Valley Medical Clinic.*

*I understand that once this facility discloses my health information per this release, it cannot guarantee that the recipient will not re-disclose my health information to a third party. The third party may not be required to abide by this authorization or applicable federal and state laws governing the use and disclosure of my health information.*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date