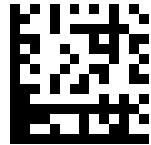




State of Utah
Department of Workforce Services
**MYCASE AUTHORIZATION TO RELEASE
INFORMATION TO A THIRD PARTY**



D04326900020101

Name: _____ Case Number: _____

I authorize the Department of Workforce Services (DWS) and the Department of Health and Human Services, Division of Integrated Healthcare (DIH) to release information contained in the myCase database to the following third party:

NAME OF THE PERSON/ORGANIZATION BEING GRANTED ACCESS: _____

1. I grant the above-named third party access to my myCase information as follows: (CHECK ALL THAT APPLY)

- "Full Access:"** I grant access to update, alter, or otherwise make changes to my information, as well as view all case information. This includes completing and signing my case review.
- "Notices:"** I grant access to view any notice that was sent to me by DWS, regardless of the type of benefits I will, or have received.
- "Verifications:"** I grant access to view any request for verification that DWS has asked me to provide, regardless of the type of benefits that I will, or have received.

- 2. The third party may have access to my information for the following purpose: _____
- 3. I understand that I am not required to grant access to any third party. I also understand that DWS and DIH cannot deny eligibility if I refuse to grant access to a third party.
- 4. I understand that I will be responsible for any overpayments that may occur as a result of incorrect information being provided by a third party that I authorized to update, alter or make changes to myCase information.
- 5. I understand that I may grant access to members of my household.
- 6. I understand I may grant access to individuals who are not members of my household, such as my primary care physician or other healthcare providers.
- 7. By granting access to myCase, I specifically authorize the DWS to share all information regarding my case, including my medical applications, medical cases, and any medical application or case which was denied or closed, to the above-named third party. I understand that if there is anything in my case that I do not want shared, I must not grant access to my case.
- 8. DWS may share limited information with my childcare provider(s) through the provider website. If I choose to grant my childcare provider access to view my case information, I specifically authorize access to information as it pertains to Child Care benefits to be paid to them for services provided. I understand if I grant my childcare provider access to notices and/or verifications, the provider will be able to view any notice and/or verification regarding all benefits I receive or have received.
- 9. I understand that once information is shared because of this authorization, the information may no longer be protected by privacy laws and could be re-disclosed by the person or agency that receives it.
- 10. I understand that DWS and DIH cannot control the information once it has been released to the above-named third party. As such, I specifically release DWS and DIH or any other state agency from any liability that results from the release or sharing of my information with those parties I have authorized to view, alter, or amend my information.
- 11. I understand that I may revoke this authorization at any time by removing authorization through my myCase account or by sending written notification to DWS. I also understand that a revocation will not change the fact that information may have already been shared before I revoked my consent. I also understand that DWS or another state agency may have relied on and acted on such information and that revocation may not affect the results of such action.
- 12. I understand that this authorization is effective from the date authorization is granted until I revoke access in myCase or provide written notification to DWS.

Access will be granted within one (1) business day.

Customer Signature: _____ Date: _____

Signature of Third-Party: _____ MC#: _____ Date: _____

Printed Name of Third-Party: _____ Phone: _____

Signature of Third-Party: _____ MC#: _____ Date: _____

Printed Name of Third-Party: _____ Phone: _____

Equal Opportunity Employer/Program

Auxiliary aids (accommodations) and services are available upon request to individuals with disabilities by calling 801-526-9240. Individuals who are deaf, hard of hearing, or have speech impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.