

INSTRUCTIONS

DHS 1124 (Rev. 11/05)

Authorization to Disclose Confidential Information to the Med-QUEST Division

Purpose:

1. To allow Med-QUEST Division to secure authorization to obtain information from a third party.

Specifics:

1. Full name of individual authorized to request the information.
2. If legal representative, describe legal authority. (i.e. lawyer, court order, legal guardian, or legal parent etc.) Attach a copy of legal authority to DHS 1124.
3. Individual, agency or organization that maintains the information.
* Describe information requested, be as specific as possible. Use check boxes if appropriate.
4. Full name of Applicant/Recipient.
5. Social Security Number, and Date of Birth
6. Mailing address of party in MQD authorized to receive the information.
7. Phone number of party in MQD authorized to receive the information.
8. The reason the information is wanted and how it is to be used.
9. Expiration date or event of this authorization, whichever is shorter. Not to exceed 1 year from the date of request.
10. Signature, date and mailing address of applicant, recipient or legal representative.

Distribution:

1. Send original signed DHS 1124 to the individual, agency or organization from whom MQD is requesting information.
2. Provide a copy of the DHS 1124 to the client authorizing the disclosure.
3. Send a copy of the DHS 1124 to MQD Administration Files.