

DHS 1123 INSTRUCTIONS (Revised 11/06)

Authorization to Disclose Confidential Information **by** the Med-QUEST Division

Purpose:

Form DHS 1123 authorizes Med-QUEST Division to disclose confidential information to an applicant, recipient, legal representative, or third party.

Specifics

- (1) Write the full name of the person who is authorizing the disclosure.
- (2) If a person is a legal representative, describe the type of legal appointment. (i.e. lawyer, court order, legal guardian, or legal parent etc.) Attach a copy of the legal authorization with DHS 1123.
- (3) Check appropriate boxes for requested information. For “Other”, write specific details and service dates.
- (4) Write the applicant or recipient’s name if it is different from the person listed in (1).
- (5) Write the applicant’s or recipient’s Social Security Number, and/or Date of Birth.
- (6) Write the name of party or agency authorized to receive the information listed in (3). Write the person’s or agency’s relationship to applicant/recipient (if any).
- (7) Write the mailing address of the party authorized to receive the information.
- (8) Write the phone number of the party authorized to receive the information.
- (9) Explain how the information will be used by the person or organization authorized to receive it.
Note: An applicant, client or legal representative is Not required to complete this section for information released to themselves.
- (10) Write a date or event that will end the authorization. **Note: If this section is not completed, the authorization will default to one calendar year from the date of the authorization.**
- (11) The person listed in (1) signs and dates the form and writes his/her mailing address.

*** An authorization can be revoked at any time in writing to MQD.**