

INSTRUCTIONS

DHS 1124

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. Applicable full name must be stated, circle correct identification.
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.
4. Describe information requested, be as specific as possible.
5. Name of Applicant/Recipient, Social Security Number, and Date of Birth
6. Name and mailing address of party in MQD authorized to receive the information specified.
7. The reason the information is wanted and how it is to be used.
8. Expiration date or event of this authorization, whichever is shorter. Not to exceed 90 days from the date of request.
9. Signature, date and mailing address of applicant, recipient or legal representative

MQD staff:

1. Send original signed DHS 1124 to entity that MQD is requesting information from.
2. File duplicate copy DHS 1124 in client case record.
3. Send duplicate copy of DHS 1124 to client/legal representative.