

[LAW FIRM/THIRD PARTY'S LETTERHEAD]

**AUTHORIZATION TO RELEASE INFORMATION FROM
UTAH'S CONTROLLED SUBSTANCE DATABASE PROGRAM (CSD)**

I, _____,

Address _____,

CITY/STATE/ZIP _____ **Phone #** _____,

DOB _____, **Government Issued Photo ID: Sate:** _____ # _____,

hereby authorize you to release to **[name of individual/ firm/ third party]**, all relative information regarding the dispensing of controlled substances on my behalf. It is my understanding that the information will only be used for the following purpose(s):

I understand that information regarding controlled substance prescriptions dispensed from a drug outlet licensed by the State of Utah, is maintained in a centralized database, established by virtue of Utah Code Annotated § 58-37f, and maintained by Utah's Division of Occupational & Professional Licensing. Further, I understand the information from the database is being released as authorized by Utah law, Utah Code Annotated § 58-37f-301 and Utah Controlled Substances Rules, R156-37f-301, and hereby release all parties from any civil or criminal liability for lawfully providing this information. I also understand that this authorization is voluntary and I may refuse to sign it for any reason(s), or may rescind it at any time either in person verbally or in writing to CSD staff.

DATED THIS _____ day of _____, 20_____.

AUTHORIZATION EXPIRES: _____.
(Expires 30 days from date signed unless otherwise indicated)

CONTROLLED SUBSTANCE Rx RECIPIENT'S SIGNATURE

PLEASE PRINT NAME

Subscribed and sworn before me this _____ day

of _____, 20_____.

NOTARY PUBLIC

My Commission Expires: _____