

Thomas Forslund

Governor Matthew H. Mead

Rights And Responsibilities

By signing this notification, you state that you understand the following:

Release of Medical Records

I understand that the Wyoming Department of Health (WDH) must be able to obtain medical records from providers if necessary. My signature authorizes my medical provider to release any medical records to the WDH.

My Civil Rights

I understand that the program this application is used for will not exclude, deny benefits to, or otherwise discriminate against any person on the grounds of race, color, religion, political belief, or on the basis of disability or age in admission to, participation in, or receipt of the services and benefits of this program. For further information about this policy contact: Wyoming Department of Health at (307)777-7531 or the Office of Civil Rights at (800) 368-1019.

Medical Support

I understand that if WDH pays for medical or other related services, they have the right to collect from a third person or from available insurance or from settlements for accidents or injuries. If I receive any medical reimbursement payments from insurance companies or other potentially liable third parties while I am enrolled in Medicaid, I must pay WDH back.

Required Signature

I do allow any person having this information about me or other household members to give any requested information, including confidential information, to any authorized agent of the State of Wyoming or the federal government. This information will be used for the purpose of determining eligibility for the programs for which I am applying. I also agree to provide information necessary to verify any statement given on this application, to update information promptly and to cooperate fully with all officials of the State of Wyoming in investigations and prosecution of actions based upon this application or the information it contains. A copy of this authorization is as valid as the original.

I certify that the information given on this form is true and correct. I also have read and understand the Rights and Responsibilities on this notification.

Please sign here _____ Date _____