

Requesting confidential records from the Utah Cancer Registry

Cancer is a reportable disease in the State of Utah. Accordingly, all cases of cancer that are diagnosed or treated in Utah must be reported to the Utah Department of Health. The Utah Cancer Registry has been designated by the Utah Department of Health as the official repository for such information.

Individuals that are the subject of cancer surveillance reporting in the State of Utah may obtain a summary of the information that is maintained by the Utah Cancer Registry regarding their cancer diagnosis. If the subject of cancer surveillance reporting is alive at the time of the request, parents or legal guardians of the individual with cancer, as well as persons with the power of attorney to act on behalf of an individual with cancer, may also obtain such information with appropriate documentation. If the individual with cancer is deceased, the information may be requested by next-of-kin, which may include a spouse, adult child, parent, or sibling.

Please complete the attached three-page application to request information regarding a confidential record in the Utah Cancer Registry. To be considered, the completed application must be signed by the applicant in the presence of a certified notary public. The original copy of the completed and notarized application should be submitted to the following address (no FAX copies, please):

Utah Cancer Registry
Attention: Teresa Moss
650 Komas Dr. Ste 106B
Salt Lake City, Utah 84108

If you are the natural parent of the subject of the request, please submit a copy of the subject's birth certificate with the completed request form.

If you are submitting a request for information regarding someone other than yourself or your child, you must provide appropriate documentation to establish that you are the subject's legal guardian or have power of attorney to act on behalf of the subject of the request. Copies of court orders that established legal guardianship or power of attorney are the only documents considered appropriate for this purpose. Please do not send copies of birth certificates, death certificates, or marriage licenses in lieu of appropriate documentation for legal guardianship or power of attorney. If you are submitting a request for information regarding a deceased individual, no further documentation is needed. Simply return the notarized request form.

If you are making a request on behalf of someone other than yourself and the individual with cancer is still alive, the Utah Cancer Registry will not respond to that request if it is unaccompanied by appropriate documentation, as specified above. Failure to fully and accurately complete any section of the request form may result in a delay in processing the request. Finally, a summary of a confidential record in the Utah Cancer Registry will not be released if information on the request form does not uniquely identify a specific individual in the Utah Cancer Registry.

Please direct questions to Dr. Stroup or Rosemary Dibble, Operations Director, at the address listed above or by telephone at (801) 581-8407.

Request for Confidential Cancer Record

Section A. Subject of Request	
Name	
Date of Birth	
Sex	
Social Security Number*	
Approximate date of cancer diagnosis	_____ Month / Day / Year
Address at time of cancer diagnosis	
Physician(s) that diagnosed and/or treated this cancer	
Hospital(s) involved in the diagnosis and/or treatment of this cancer	
If the subject is deceased, please indicate the approximate date of death	<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Patient is alive <input type="checkbox"/> Patient is deceased </div> <div style="text-align: center; margin-top: 10px;"> _____ Date of Death: Month/Day/Year </div>

* Submission of Social Security Number (SSN) is voluntary, but failure to provide SSN may result in confusion regarding identity and may delay the processing of your application.

Request for Confidential Cancer Record (continued)

Section B. Individual requesting information	
Name	
Mailing address	
Telephone Number	
Relationship to subject of request	<input type="checkbox"/> Self (i.e, requesting one's own information) <input type="checkbox"/> Parent (i.e., requesting information for one's child) <i>Note:</i> Please attach a copy of the subject's birth certificate, certificate of adoption, or court order finalizing the adoption. <input type="checkbox"/> Legal guardian of minor or legally incapacitated individual <i>Note:</i> Please attach a copy of the legal documentation that established guardianship. <input type="checkbox"/> Relative (i.e. requesting information for next of kin) <i>Specify Relationship:</i> _____ <input type="checkbox"/> Power of attorney <i>Note:</i> Please attach a copy of the legal documentation that established power of attorney
Purpose of request	
Signature	<p>Under penalty of law, I hereby declare all information on this form to be accurate. I understand that the information being requested is highly confidential in nature and agree to indemnify the Utah Cancer Registry from any claims and expenses arising from any misrepresentation I have made in connection with this request and any use or misuse of the information I obtain. I understand that this request is valid for thirty (30) days from the date signed below.</p> <p align="center">_____</p>
Date signed	<p>_____</p> <p>Month / Day / Year</p>

Request for Confidential Cancer Record (continued)

Section C. Notary Public Acknowledgment	
Name of subject of request, as stated on page 1 of this form	
Name of individual requesting information a stated on page 2 of this form	
Name of Notary Public (please print)	
Please place notary stamp in this space →	

For Official Use Only	
Date Received	<div style="display: flex; justify-content: space-around;"> <div>_____</div> <div>_____</div> </div> <p align="center">Month/Day/Year Initials</p>
UCR Administrative Review	<div style="display: flex; justify-content: space-around;"> <div>_____</div> <div>_____</div> </div> <p align="center">Month/Day/Year Initials</p>
CTR#: _____	Status: <input type="checkbox"/> Pending further documentation: _____ <input type="checkbox"/> Approval #: _____ Expiration Date: _____ (30 Days)
Reply Date	<div style="display: flex; justify-content: space-around;"> <div>_____</div> <div>_____</div> </div> <p align="center">Month/Day/Year Initials</p>