

From: +18013878100 Page: 1/2 Date: 2/14/2020 10:49:33 AM

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**Dominion Energy Medical Request For Temporary Natural Gas Service** **MED**

Instructions: This request is validation of reconnect or delay of termination of natural gas service for 30 days. Return completed form to Dominion Energy weekdays 8 a.m. to 5 p.m. If you have any questions call 1-800-323-6517, or fax form to 801-324-3211. Please print in ink.

**I - Authorization for Disclosure of Health Information**  
Patient requests and authorizes Archana Parmenter (Licensed Health Care Provider) to disclose Patient's personal medical information, more specifically described in Section III below, to Dominion Energy. Patient requests the disclosure of his/her personal medical information for his/her own purposes. Patient understands that:

- a.) this authorization is voluntary and the Patient does not have to sign it;
- b.) the authorization is effective for 30 days;
- c.) Patient has the right to revoke this authorization and may do so by sending written notice to Dominion Energy Company, P.O. Box 45360, Salt Lake City, Utah 84145.
- d.) a revocation is not effective to the extent that the Licensed Health Care Provider listed has taken action in reliance on the authorization; and
- e.) the information disclosed pursuant to this authorization may be subject to redisclosure by Dominion Energy and may no longer be protected by law.

Signature of Patient (Guardian if Patient is a minor) [Signature] Relationship of Signer to Patient [Signature] Date Feb 14, 2020

**II - Section to be completed by Gas Account Holder**

Account Holder Name Frankie L. Baker	Account No. [Redacted]	Phone No. [Redacted]
Service Address 4642 S 1900 W 50	City Roy	State UT Zip 84067-2637

**Patient Information**

Patient's Name [Redacted] Age [Redacted]

Relationship of Patient to Account Holder: [Redacted] Is Patient Living With Account Holder  
 Yes  No

The Account holder is responsible for payment of natural gas service to the above address and Dominion Energy may terminate service after this extension.

**III - Section to be completed by Licensed Health Care Provider**

Dominion Energy Requires the following information to verify whether natural gas service should be restored or continued at patient's residence. All questions below must be answered.

- A. Is patient suffering from a serious illness or infirmity?  Yes  No  
If yes, please describe illness or infirmity.
- B. Would the termination of natural gas service aggravate the serious illness of infirmity of your patient?  Yes  No  
If yes, please Explain.
- C. Estimated duration of serious illness of infirmity? 0

**Health Care Provider Information (Please Print legibly)**

Name Dr. Archana Parmenter	Phone No. 801-387-8100	State License No. 10389332-1204
Address 1915 W. 5950 S.	City Roy	State UT Zip 84067

I certify that the medical information shown above for my patient is true.  
Archana Parmenter, MD  
Signature of Licensed Health Care Provider Date 2/12/20

**For Office Use Only**

Dominion Energy Representative: Tanya Sosa 2/14/20  
Period of Continued Service to Status:  
 Approved  Denied

*called, but vm was full*

Confidential When Completed-

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