



## Revocation of Authorization for Release of Protected Health Information

*\* This form revokes, withdraws and stops the authorization I gave to disclose my Protected Health Information (PHI) to a previously authorized recipient.*

### **Section A: Member Stopping Authorization to Release Protected Health Information (PHI)**

Member name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Member CIN: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Section B: Revocation of Authorization**

I hereby revoke, withdraw and stop the Authorization for Release of Protected Health Information that I previously gave to CalOptima Health to disclose my Protected Health Information (PHI) to the following person or organization:

Name of person or organization previously authorized to receive PHI: \_\_\_\_\_

Relationship to member: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorization Signed Date (if known): \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_ Revoke, withdraw, and stop ALL of the PHI authorized to be released.

\_\_\_ Revoke, withdraw and stop only the following categories of information authorized to be released:

\_\_\_\_\_  
\_\_\_\_\_

I understand that by signing below, I am stopping my authorization to disclose my Protected Health Information (PHI). I understand my PHI may have already been shared because of the authorization I gave in the past. I understand that this Revocation of Authorization for Release of Protected Health Information (PHI) shall not go into effect until it is received and processed by CalOptima Health. I further understand that the revocation will only apply to future disclosures or actions regarding my PHI. I cannot cancel actions or disclosures made while the authorization was in effect and valid. I also understand that this revocation only applies to the authorization I gave to share my PHI with the person or organization named in Section B. It does not cancel any other Authorization for Release of Protected Health Information (PHI) forms I signed. This request does not apply to any uses or disclosures permitted or required by law.

\_\_\_\_\_  
Signature of member or personal representative Date

\_\_\_\_\_  
Print name of member or personal representative Relationship (parent, legal guardian, personal representative)