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 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/Personal Representative *Date*

_____ _____

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