

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 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. 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)