

REVOCATION OF AUTHORIZATION OR DESIGNATION OF PERSONAL REPRESENTATIVE

This form is to revoke an authorization or personal representative designation. Completing and submitting this revocation to the NCAS Privacy Office allows you to rescind your original authorization or personal representative designation.

Please type or print neatly; we will not process incomplete or illegible forms

1) State of Revocation: *Please select the option that fits your need.*

____ I hereby revoke **my authorization** for release of protected health information.

____ I hereby revoke **my designation of a personal representative**.

I understand that this revocation will not affect any action that the health plan or health plan administrator took before receiving my written notice of revocation. I also understand that if the authorization was requested to adjudicate payment of a claim on my behalf, my revocation may result in the health plan or health plan administrator refusing payment of the claim.

2) Member Revoking the Release of Information:

Name: _____ Date of Birth: _____

Membership Number: _____

Address: _____

Home Phone: _____ Work Phone: _____

3) At my request, I want to revoke the release of my protected health information to:

A. Name of Individual or Organization: _____

B. Name of Individual or Organization: _____

I understand that by signing this form, I am confirming that my health plan or health plan administrator may no longer use and/or disclose my protected health information to the persons and/or organization named in this form.

Signature: _____ **Date:** _____

If the person signing this revocation is not the member, or the parent/guardian of a dependent under the age of 18, you must attach a full copy of the official document indicating your legal authority to sign on behalf of the member (i.e. Power of Attorney, Court Assigned Guardian, Personal Representative, etc.).

Please keep a copy of the revocation for your records. Mail or fax this revocation form to:

Privacy Office
10455 Mill Run Circle
Owings Mills, MD 21117
Fax: 410-505-6692

Any mental health or substance abuse information, which has been disclosed from medical or other health care records, may be protected by federal and/or state law. If the records are so protected, Federal Regulation (42CFR Part 2) prohibits the recipient of the information from making any further disclosure of this information unless such disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.