

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 Medi-CareFirst BlueCross BlueShield (Medi-CareFirst) allows you to rescind your original authorization or personal representative designation.

Please print neatly to ensure correct and prompt processing. We reserve the right to return any illegible or incomplete form.

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 or a personal representative**.

I understand that this revocation will not affect any action that the Medi-CareFirst Prescription Drug 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 Prescription Drug 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: _____

Address: _____

City, State, Zip: _____ Telephone: _____

B. Name of individual: _____

Address: _____

City, State, Zip: _____ Telephone: _____

C. Name of individual: _____

Address: _____

City, State, Zip: _____ Telephone: _____

