

# Revocation of Authorization to release personal and health information



## A. Member information

Member name:	Address:
Contract number on ID card:	City:
Date of birth:	State:
Phone number:	Zip Code:

I request that Priority Health\* revoke (cancel) the authorization that I have on file with Priority Health, which permits the following person(s) or entity to access my personal and health information:

Person(s) / Entity previously authorized to receive my information:

\_\_\_\_\_

(\*Priority Health includes Priority Health/Priority Health Managed Benefits, Inc. /Priority Health Insurance Company/Priority Health Government Programs, Inc.)

## B. Signature required below

I understand that signing and submitting this form will end my previous authorization to release information. I understand that this revocation will be effective three business days after Priority Health receives it. This revocation will not be effective for information that Priority Health discloses between the time that the Authorization is signed and when the revocation is received. I understand that redisclosure of any information released prior to this revocation may have already occurred or may occur in the future without my knowledge or consent; therefore, the privacy of my personal and health information may no longer be protected by law.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

**Printed name:** \_\_\_\_\_

If signing for someone other than yourself, check the relationship **and** provide proof of your authority to do so:

- Parent of minor child     Power of attorney     Legal guardian     Representative of deceased member

### **Form must be fully completed**

**Scan and email to:** [HIPAA@priorityhealth.com](mailto:HIPAA@priorityhealth.com) or **fax to:** 616 942-0616 or  
**Mail to:** Priority Health, MS 2005, 1231 East Beltline, N.E., Grand Rapids, MI, 49525-4501

This form satisfies all required elements of a valid revocation under the Health Insurance Portability and Accountability Act of 1996 (HIPAA)