PriorityHealth

Revocation of Authorization to release personal and health information

A. MEMBER INFORMATION

Member name	Member date of birth	Contract number (on your membership card)

Street address

City	State	ZIP

Phone number that we may use you contact you	Alternate number that we may use to contact you *(optional)*
☐ Landline (home phone) ☐ Cell phone	☐ Landline (home phone) ☐ Cell phone

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

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.

If signed by a person other than yourself, please check the relationship and provide proof of authority to do so:

☐ Parent of a minor child
☐ Legal guardian
☐ Power of attorney
☐ Personal representative of deceased member

Signature	Printed name	Date

C. FINALIZE AND SEND

- Form must be fully completed
- Submit form via one of the following:
  - Scan and email to *HIPAA@priorityhealth.com*
  - Fax to: 616.942.9618
  - Mail to: Priority Health, MS 2205, 1231 East Beltline NE, Grand Rapids, MI, 49525-4501

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

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