ProCare Rx

Revocation of Authorization to Use and/or Disclose Protected Health Information (PHI)

WHY THIS FORM?

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have a right to revoke your previous authorization regarding the use and/or disclosure of your PHI which you provided to and/or from EHIM, Powered by ProCare Rx, or its Business Associate (BA). Please complete this form in its entirety so that we may provide you with the correct information you are requesting.

A. Member Information

Last Name:	First Name:	Middle Name:	
Date of Birth:	EHIM Member #:	Phone #:	
Address:	City:	State:	Zip:

B. Revocation Information

1. **Availability of Revocation.** The request will be mailed to Member, unless specified below:

☐ I hereby request that EHIM mail this restriction to the following individual(s) and/or entity(ies) and address(es):

Name:	Address:
Name:	Address

2. **Information for Revocation.** Complete **either** section A or B, or **both** if applicable:

☐ A. Copy of original Authorization for Use and/or Disclosure of PHI (Authorization) is attached

☐ B. The following is a description of the Authorization to be revoked in detail (i.e., type and date of service and other pertinent information:

3. **Description of Revocation to a Specific Individual and/or Entity.** Complete **either** Section A or B if a copy of the original Authorization is not attached.

☐ A. I hereby revoke my Authorization as stated above **by** EHIM to the following person and/or entity:

Name:	Address:

☐ B. I hereby revoke my Authorization as stated above **to** EHIM by the following person and/or entity:

Name:	Address:

4. **Denial of Request.** I understand and acknowledge **MY REVOCATION OF MY AUTHORIZATION TO DISCLOSE MY PHI MAY BE DECLINED IF**: (1) the information I provide is not accurate; (2) this form is not completed in its entirety; and/or (3) I do not sign below. If EHIM, Powered by ProCare Rx, denies the request, it will provide me with a written explanation of the reason(s).

5. **Exceptions, Rights and Acknowledgement.** With certain exceptions, I have the right to revoke my previous authorization to use and/or disclose my PHI. By signing below, I hereby revoke my prior authorization regarding the use and/or disclosure of my PHI as described on this form. If EHIM, Powered by ProCare Rx, accepts this request, it will abide by the revocation from the date upon which EHIM, Powered by ProCare Rx, approves the request. I understand and acknowledge that the revocation shall not apply to information that has already been released or affect actions taken by EHIM, Powered by ProCare Rx, prior to such written revocation. I further understand and acknowledge that EHIM, Powered by ProCare Rx, is not responsible for any action taken by any authorized recipient and/or discloser of the information released pursuant to the original authorization. Finally, I understand and acknowledge that I am entitled to a copy of this request. The information described on this form is protected by law and shall only be used as indicated, unless otherwise required and/or permitted by law.

Signature:	Date:

If you are signing as a personal representative, complete the section below. A parent/legal guardian must sign below for a minor under the age of eighteen (18). You may be required to provide additional documentation to show that you have a legal right to request the information, unless you have completed a Designation of Personal Representative signed by the Member naming you as a personal representative. Examples of these documents include Letters of Representation or Guardianship Papers.

Signature of Personal Representative:	Date:

Relationship: ☐ Parent/Legal Guardian ☐ Personal Representative ☐ Other

C. TO BE COMPLETED BY EHIM

☐ Request Approved. Effective Date _____ ☐ Request Denied. Reason _____

☐ Additional Comments:

EHIM Representative Signature:	Date:

If you have any questions, please contact the EHIM, Powered by ProCare Rx, Privacy Officer at (800) 311-3446. Please either fax this form to (248) 948-9904 or mail to EHIM, Powered by ProCare Rx, 26711 Northwestern Hwy, Ste 500, Southfield, MI, 48033, ATTN: Privacy Officer