

Revocation of Authorization to Use and Disclose PHI

Individual Revoking Authorization (Please print)

| | | |
|-------------------|------------------|------------------------------------|
| <i>First Name</i> | <i>Last Name</i> | <i>Member's Contract Number</i> |
| <i>Address</i> | | <i>Daytime Telephone Number(s)</i> |
| <i>City</i> | <i>State</i> | <i>ZIP</i> |

Please describe in detail the protected information for which authorization is being revoked. If applicable, include provider names, dates of treatment and types of service when applicable. Please attach a copy of the previous written authorization that you are revoking, if available.

Date of previous authorization (if known) _____

Original Authorization Applied To:

Disclosures *BY* MESSA:

The authorization to be revoked requested that MESSA release the Protected Health Information (PHI) described above to the specified person or entity.

Disclosures *TO* MESSA:

The authorization to be revoked allowed the Protected Health Information (PHI) described above to be received and used by MESSA.

Revocation

I hereby revoke my authorization for the use or disclosure of the Protected Health Information (PHI) described in the original authorization (or as described above). A copy of the previous authorization is attached: Yes No

Signature:

Date

If a representative signs this revocation on behalf of an individual, please specify the relationship to the individual including the authority to sign. Please provide proof of the relationship to the individual unless the individual is your minor child.

Representative's Name:

Relationship to the individual and authority to sign:

Sign and return this form to:

Privacy Officer, MESSA, PO Box 2560, 1475 Kendale Blvd., East Lansing, MI 48826-2560 or Fax to 800.693.5160.

If you have questions, please call the Privacy Officer at 800.292.4910.

MESSA will provide you with a copy of this signed revocation.