



Revocation of Consent for Release of Protected Health Information (PHI)

Member information (person whose information will be released):

Name: _____ Date of birth: _____
First Middle Last Month Day Year

Address: _____

City: _____ State: _____ Zip code: _____

Telephone number, including area code: _____

Group plan #: _____ Member ID: _____

I **no longer** authorize CarePlus to use or disclose the protected health information described below:

- Any and all protected health information CarePlus maintains, including mental health, HIV, or substance abuse records. Cross out any item you do not authorize for release.
- Protected health information about treatment for the following condition or injury: _____
_____ on _____ or _____ about _____
- Protected health information covering the period of time to: _____
- Other. Please specify and include dates: _____

This information can **no longer** be disclosed to, and used by, the following people or organizations:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip code: _____

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip code: _____

I understand that with this form, I am revoking authorization for the above individuals. I understand the revocation will not apply to information released prior to Humana's receipt of this revocation form.

Member signature: _____ Date: _____

Legal representative signature: _____ Date: _____

(*only if member is unable to sign)

Relationship to member: _____

Please note: If you are a legal representative for the member, you must attach copies of your authorization as required by state law to represent the member (e.g., healthcare power of attorney, healthcare surrogate, living will, or guardianship papers).

After you complete and sign the form, please fax it to 1-800-956-4288. OR, if you prefer, mail your completed form to: CarePlus Health Plans, Inc., PO Box 14733, Lexington, KY 40512-4642.

CarePlus will follow the more stringent of all federal and state laws and regulations.

For CarePlus Use Only

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