

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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Important: At CarePlus, it is important you are treated fairly. CarePlus Health Plans, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, ancestry, ethnicity, sex, sexual orientation, gender, gender identity, disability, age, marital status, religion, or language in their programs and activities, including in admission or access to, or treatment or employment in, their programs and activities. The following department has been designated to handle inquiries regarding CarePlus' non-discrimination policies: Member Services, PO Box 277810, Miramar, FL 33027, 1-800-794-5907 (TTY: 711). Auxiliary aids and services, free of charge, are available to you. 1-800-794-5907 (TTY: 711). CarePlus provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

This information is available for free in other languages. Please call our Member Services number at 1-800-794-5907. Hours of operation: October 1 - March 31, 7 days a week, 8 a.m. to 8 p.m. April 1 - September 30, Monday - Friday, 8 a.m. to 8 p.m. You may leave a voicemail after hours, Saturdays, Sundays, and holidays and we will return your call within one business day.

Español (Spanish): Esta información está disponible de forma gratuita en otros idiomas. Favor de llamar a Servicios para Afiliados al número que aparece anteriormente.

Kreyòl Ayisyen (French Creole): Enfòmasyon sa a disponib gratis nan lòt lang. Tanpri rele nimewo Sèvis pou Manm nou yo ki nan lis anwo an.

