Revocation of Authorization Form HIPAA-5

Purpose: This form is used to revoke or to confirm revocation of an authorization previously given on an Individual's Authorization for Release of Information Form (HIPAA-3) or an Authorized Representative Form (HIPAA-4).

SECTION A: Statement of Revocation

I revoke my authorization for Special Agents Mutual Benefit Association's (SAMBA) use and disclosure of my Protected Health Information (PHI) as described below. I understand that revocation of my authorization will *not* affect any action SAMBA or others took in reliance on my authorization before they received this written notice of my revocation. I also understand that if my authorization was a condition of my SAMBA enrollment or of my eligibility for benefits, or was for PHI that the SAMBA requested to adjudicate payment of a claim involving me, SAMBA may disenroll me for the health plan, end my eligibility for the benefits, or not pay my claim.

Initials: _____

Member Name:	**Individual (Patient) Name:**
Member SSN:	**Plan Code:**
Telephone:	**Individual Date of Birth:**

Address:

Copy of Authorization Attached? ☐ Yes ☐ No	Date of Authorization: _____/_____/_____

SECTION B: Description of Authorization Revoked

Protected Health Information: The revoked authorization had authorized use and/or disclosure of the following PHI:

Entities Authorized to Use or Disclose PHI: The revoked authorization had authorized the following persons and/or organizations or classes of persons and/or organizations, including SAMBA, to make use of and/or disclose the PHI described above:

Entities Authorized to Receive and Use PHI: The revoked authorization had authorized the following persons and/or organizations or classes of persons and/or organizations to receive and/or use the PHI described above:

SIGNATURE

Signature:	**Date**:

If this revocation is signed by a personal representative on behalf of the Individual, complete the following:

Personal Representative's Name:

Relationship to the Individual:

YOU ARE ENTITLED TO A COPY OF THIS AUTHORIZATION REVOCATION AFTER YOU SIGN IT