



Revocation- Authorized Representative

Read this information first

You should complete this form if you wish to revoke (cancel) an existing assignment of an authorized representative. The revocation will be effective immediately upon receipt of the returned and completed form.

*****Mail this form to:**

Step 1: Complete the demographic information for the person receiving services:

- | | |
|-----------------------------|----------------------------------------------|
| 1. _____
Name | 2. ____ / ____ / _____
Date of Birth |
| 3. _____
Address | 4. (____) _____ - _____
Home Phone Number |
| 5. _____
Subscriber Name | 6. _____
Subscriber Identification Number |

Step 2: Tell us who you are withdrawing permission to act on your behalf:

7. _____
Name of Authorized Representative
8. _____
Address of Authorized Representative

Step 3: ValueOptions® will no longer allow the above identified person access to your protected health information or to act on your behalf in any health care decisions. Please sign below so we may make the requested change to our records.

I understand that revocation of my authorized representative designation will not affect any action ValueOptions® took in reliance on the assignment prior to receiving this written notice of revocation.

9. _____ Date
- Member Signature