

INSTRUCTIONS FOR COMPLETING THE REVOCATION OF AUTHORIZATION

Section A - Individual revoking authorization

- 1) Member's first and last name
- 2) Member's full street address, including city, state and ZIP code
- 3) Subscriber's contract number as it appears on the BCBSM, BCN, BCN SC, BCMI or BlueCaid of MI ID card
- 4) Member's phone number, including area code

Section B – Revocation

- 1) Check yes if you have attached a copy of the original authorization.
- 2) Check no and complete Section C if you have not attached a copy of your authorization.

Section C – Description of authorization revoked (complete if authorization not attached).

- 1) Provide the date that the authorization was signed (if known)
- 2) List in detail the information that the authorization applied to, such as providers, dates of treatment, etc.
- 3) Check if BCBSM, BCN, BCN SC, BCMI or BlueCaid of MI was authorized to disclose your PHI, or if others have been authorized to disclose your PHI to BCBSM, BCN, BCN SC, BCMI or BlueCaid of MI.

Section D Signature

- 1) The member is required to sign and date the authorization revocation. If the individual that signs the form is a personal representative, the individual must specify his or her relationship to the member.
- 2) The personal representative must print his/her name and detail relationship to the member and authority to sign. If the personal representative is someone other than the parent of a minor child, written proof is required.

Members will receive a copy of their completed revocation form. The original authorization form and this revocation are kept on file.

Mailing Instructions

Please mail completed revocations to BCBSM, Mail Code X320, 600 East Lafayette Blvd., Detroit, Michigan 48226. Members who need additional assistance completing this form should call a customer service representative at the number on the back of their Blues ID card, or the Blues operator at 313-225-9000.