



Revocation of Authorization to Release Protected Health Information

REVOCAION OF AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby revoke the authorization to release information I provided to AmeriHealth Administrators that allowed AmeriHealth Administrators to use and disclose my Protected Health Information as I outlined on the authorization form, which I signed on _____ for release of my Protected Health Information to _____. I understand that this revocation does not apply to any action AmeriHealth Administrators has taken in reliance on the authorization I signed earlier. This revocation does not revoke any and all previous authorizations to release information that I have provided to AmeriHealth Administrators.

Participant's name

Date

SPECIAL PROVISIONS

In this section, the individual should outline any special provisions regarding the revocation of the authorization.

Participant's name

Date