Revocation of Authorization for the Release of Protected Health Information (PHI)

BlueCross BlueShield Kansas

Previously, you completed an *Authorization for the Release of Protected Health Information (PHI) Form* allowing Blue Cross and Blue Shield of Kansas (Blue Cross) to share your PHI with a person, category of people, or entity. It is your right to revoke that authorization at any time and for any reason. It is required that Blue Cross receive this request in writing. By completing the fields on this form that apply to you, Blue Cross will no longer share your PHI with the indicated person, category of people, or entity.

Section 1 – Person Authorizing Revocation

Clear form

First Name

Last Name

Member Identification Number

Mailing Address

City

State ZIP Code

Date of Birth ____ / ____ / ____

Section 2 – Revocation Request

☐ I am revoking the PHI authorization (excluding information pertaining to Substance Abuse) for the person, category of people, or entities listed below.

☐ I am revoking the PHI authorization for information pertaining to Substance Abuse for the person, category of people, or entities listed below.

First Name or Category (i.e., billing staff, medical staff)

Last Name

Organization Name

☐ **Dependent Child Revocation (under age 18):** I am revoking the authorization for the release of PHI for my dependent(s) listed below.

Section 3 – Authorization

I understand that by signing this form, PHI will no longer be shared with the person, category of people, or entity identified above. I understand that Blue Cross and Blue Shield of Kansas does not condition payment, enrollment or eligibility for benefits whether I sign this *Revocation of Authorization for the Release of Protected Health Information*. In addition, I understand that information may have been shared with the above identified party prior to Blue Cross receiving this revocation.

Your signature required

Applicant (Signature of parent/guardian if other than applicant)

Date Signed ____ / ____ / ____

Print Name

When completed, please mail to:

Blue Cross and Blue Shield of Kansas
1133 SW Topeka Blvd., Topeka, KS 66629-0001

Note: Please keep a copy of this form for your files.

Internal Use Only

Return to _____

Mail stop _____