

Revocation of Election to Participate

This form is to revoke participation in the CareFirst Patient-Centered Medical Home (PCMH) Program under the provider listed below. Completing and submitting this form to the CareFirst Privacy Office allows you to revoke your original election to participate in a PCMH.

I hereby revoke my participation in the CareFirst PCMH Program. I understand that this revocation will not affect any action that the health plan or health plan administrator took before receiving my written notice of revocation.

At my request, I want to revoke the release of my protected health information to:

NAME OF PCMH PRIMARY CARE PROVIDER OR PRACTICE: _____

ADDRESS: _____

CITY, STATE, ZIP _____

TELEPHONE: _____

I, _____ understand that by signing this form, I am confirming my revocation that the health plan or health plan administrator may no longer use and/or disclose my protected health information to the persons and/or organization named in this form.

MEMBER NAME (PLEASE PRINT): _____ MEMBER ID: _____

SIGNATURE: _____ DATE: _____

If the person signing this revocation is not the member, or the parent/guardian of a dependent under the age of 18, you must attach a full copy of the official document indicating your legal authority to sign on behalf of the member (i.e. Power of Attorney, Court Assigned Guardian, Personal Representative, etc.).

Please print neatly to ensure correct and prompt processing. We reserve the right to return any illegible forms.

Please mail or fax this revocation form to:

**CareFirst BlueCross BlueShield
Attention: Privacy Office
10455 Mill Run Circle
Owings Mills, MD 21117
Fax: 410-505-6692**

Please keep a copy of this revocation. We will provide you with a signed copy upon request.

Any mental health or substance abuse information, which has been disclosed from medical or other health care records, may be protected by federal and/or state law. If the records are so protected, Federal Regulation (42CFR Part 2) prohibits the recipient of the information from making any further disclosure of this information unless such disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.