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**REVOCATION OF AUTHORIZATION  
TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION ("PHI")**

Use this form to revoke permission for GEHA to discuss your PHI with the authorized person(s) listed below.

**About you, the GEHA member whose PHI may no longer be used or disclosed**

Plan ID Number: \_\_\_\_\_

Member Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Please place a check mark in front of each plan you want this Revocation of Authorization to be applied:

GEHA Health Plan

GEHA Connection Dental Federal Plan

Connection Dental *Plus* Plan

CONNECTION Vision Plan

**Revocation Information**

I previously authorized Government Employees Health Association, Inc. ("GEHA") and its business associates to release my PHI to the following persons, and now wish to revoke these prior authorizations:

Name(s): \_\_\_\_\_

Relationship(s) to You: \_\_\_\_\_

**Signature and Acknowledgement**

By signing below, I hereby revoke such prior Authorization(s). I understand that PHI may already have been disclosed by GEHA pursuant to and in reliance on my prior Authorization. I also understand that this revocation applies only to the information specifically described in the "AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION" form previously signed and sent to GEHA. **I understand that this revocation request may require up to fifteen (15) working days from the date received by GEHA to process this request.**

Date: \_\_\_\_\_

Patient or Legal Representative Signature: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_  
(i.e. parent, legal guardian, power of attorney, etc.)

**NOTE:** If the signature is not that of the patient or the parent when the child is a minor, appropriate legal documentation is required to accept the signature.

08/05/19

**YOU ARE ENTITLED TO A COPY OF THIS REVOCATION OF AUTHORIZATION FORM AFTER YOU SIGN IT.  
PLEASE RETAIN A COPY FOR YOUR RECORDS AND RETURN THE ORIGINAL SIGNED FORM TO:**

**ATTN: Authorization Revocation  
GEHA  
P.O. Box 21542  
Eagan, MN 55121  
FAX: 816-257-3283**

PHI09/R10  
ENR-1490-PHI09  
GE-FRM-0119-009