



REQUEST TO REVOKE MY AUTHORIZATION FOR USE AND/OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

Insured Name: _____ (Please Type)

Contract Number: _____

Date of Birth: _____

Address: _____

Telephones: Home: _____ Cellular: _____ Other: _____

I hereby request that my Authorization for Use and/or Disclosure of PHI, which was submitted to MCS Healthcare Holdings, LLC for use and/or disclosure of:

to the following person or entity:

_____ be revoked.

I understand that this request to revoke my Authorization does not apply to disclosures already made. I also understand that MCS can deny this request to revoke, if MCS Healthcare Holdings, LLC has taken action according to the authorization, or if the authorization was obtained as a condition of obtaining insurance coverage.

I understand that a disclosure of Protected Health Information might be required by law, under certain situations. For example: reporting contagious diseases, child abuse, domestic violence, attempt of suicide, national security, etc.

I, _____, hereby certify my request to revoke my authorization.
Insured Name (Please Print)

Signature of Insured or Authorized Representative Date

Privacy Unit Representative Signature Date

Witness (If necessary) Signature Date

For Privacy Unit Use Only:
___ Request Accepted
___ Request Denied Reason: _____
___ Subscriber was notified Date: _____

MCS cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. MCS complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. MCS 遵守適用的 聯邦民權法律規定, 不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-627-8183 (TTY: 1-866-627-8182). ATTENTION: If you speak English, language assistanceservices, free of charge, are available to you. Call 1-866-627-8183 (TTY: 1-866-627-8182).注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-866-627-8183 (TTY: 1-866-627-8182)。

Confidentiality Notice: This communication is privileged and confidential, and/or protected health information (PHI) or electronic protected health information (ePHI), and may be subject to protection under the law, including HIPAA. This communication is intended for the sole use of the individual or entity to whom it is addressed. If you are not the intended recipient, be advised that any use, disclosure, distribution, copying, or action taken in reliance on the contents of this communication is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for its return.