

Form F2: Revocation of Authorization to Release Information

Use this form to revoke an Authorization to Release Information (ARI) previously given to Blue Cross and Blue Shield of Vermont (BCBSVT) and/or The Vermont Health Plan (TVHP).

Section A: Member Information

Member Name: _____ Date of Birth: _____
Identification Number: _____ Telephone: _____
Address: _____

Section B: Statement of revocation

I revoke my previous authorization for your use and/or disclosure of my protected health information as described below.

I understand that this revocation of my authorization will *not* affect any action BCBSVT/TVHP, VCC and their subsidiaries, affiliates, employees, officers, agents and other related entities or others took in reliance on my authorization before receipt of this written notice of my revocation.

Section C: Description of authorization to be revoked

Please attach (if available) a copy of the Authorization to Release Information (ARI) that is being revoked. If a copy of the Authorization to Release Information is not attached, please provide the following information.

Date of authorization (if known): _____

****Member Resource Center** — The Member Resource Center (“MRC”) portal gives members the option of allowing another person listed on their policy to access (limited) information within their own MRC portal. If you authorized another person listed on your policy to access your information via MRC portal but would like to revoke that authorization, you may use the “My Permissions” tool within the portal to revoke access to your PHI. If the individual identified below was not listed on your policy, but also authorized to access your Member Resource Center portal, then please check the appropriate box below.

- The person(s) identified below are no longer authorized to access my Member Resource Center portal. I understand that by checking this box BCBSVT will deactivate my Member Resource account until a new password is created.
- Not Applicable.

