

BMC HealthNet Plan Revocation of Release of Information

bmchp.org | MA Health: 888-566-0010
 QHP including ConnectorCare: 855-833-8120

Please Note: This form is used to revoke the person or the organization authorized to receive your protected health information. By doing so, the person or the organization will no longer receive information in regards to your health care provided by Boston Medical Center HealthNet Plan. All fields are required. Incomplete or incorrect forms will be returned.

Member Information (Please print information clearly)			
YOUR MEMBER ID NUMBER (FOUND ON YOUR BMC HEALTHNET PLAN ID CARD)			
MEMBER'S LAST NAME			
FIRST NAME		MIDDLE INITIAL	
ADDRESS	CITY	STATE	ZIP CODE
PHONE			

Recipient (person or organization that received your information)	
I hereby revoke my previous request to release my Protected Health Information to:	
PERSON'S NAME OR ORGANIZATION (PLEASE PRINT)	PHONE
ADDRESS (INCLUDING ZIP CODE)	

I understand that my revocation of my authorization of the Release of Information will be effective upon receipt and processing of my written revocation and that the revocation will not be valid where Boston Medical Center HealthNet Plan has already acted in reliance upon my authorization.

Member's Signature Date

BMC HEALTHNET PLAN USE ONLY	
REQUEST RECEIVED BY: <input type="checkbox"/> BY PHONE <input type="checkbox"/> IN WRITING	DATE (MM/DD/YYYY)

Mail or Fax completed form to:

BMC HealthNet Plan
 Attention: Privacy Officer
 529 Main Street, Suite 500
 Charlestown, MA 02129

Fax: 617-897-0884