Withdrawal of Authorization for Protected Health Information (PHI) Disclosure

GuideStone Financial Resources

Please print.

Reset Form

HEALTH PLAN PARTICIPANT INFORMATION

Name: _____ Social Security number (last four digits):_____

INDIVIDUAL WHOSE PHI DISCLOSURE WAS AUTHORIZED

Name: _____ Social Security number (last four digits):_____

Home address: _____

City: _____ State: _____ ZIP code: _____

Daytime telephone: (_____) _____

I HEREBY REVOKE MY AUTHORIZATION FOR DISCLOSURE OF PHI GIVEN TO:

Name of authorized person or entity: _____ on _____/ _____/ _____.

I understand a revocation is not effective to the extent the parties named in the authorization relied on the use or disclosure of the PHI. This revocation does not apply to any use or disclosure of the PHI specifically allowed without authorization by HIPAA, and no action relating to this authorization shall be construed as creating any restriction on the use and disclosures that HIPAA allows without my authorization.

INFORMATION ABOUT THE INDIVIDUAL'S PERSONAL OR LEGAL REPRESENTATIVE, IF APPLICABLE

Name:_____ Relationship:_____

If signing on behalf of another, please include the proper documentation that attests to your ability to sign (death certificate, court-stamped *Letters of Appointment of the Executor of Estate*, proof of custody, power of attorney, etc.) **unless you previously provided the information to GuideStone®.** [Statement required by §164.508(c)(1)(vi)]

SIGNATURE OF INDIVIDUAL, COVERED DEPENDENT OR REPRESENTATIVE [STATEMENT REQUIRED BY §164.508(C)(1)(VI)]

Name: _____ Date: _____/ _____/ _____

Return form to: GuideStone Financial Resources, SBC
Insurance Operations
5005 LBJ Freeway, Ste. 2200
Dallas, TX 75244-6152

Or you may fax it to: (877) 834-1025

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