

Michigan Conference of Teamsters Welfare Fund Revocation of Authorization to Release Protected Health Information

Name Birth Date	
(Found on ID card) Address	
City State ZIP Code Telephone Number E-mail	
Telephone Number E-mail	
Section #2: Authorization to be Revoked	
I hereby revoke the authorization for the person(s) and/or entity (or chasses of persons and/or entities) identified on my authorization, dated, to use or disclose my protected health information (as defined in the Privacy I of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996) for the ident individual in Section #1. I understand that this revocation will become effective upon receipt of this completed form except to the extent that the Michigan Conference of Teamsters Welfare Fund (the Fund) has already taken action in reliance on my previous authorization.	Rule ified
Section #3: Revocation and Signature	
I, (print name), have reviewed this form and understand its content have signed this form voluntarily to document my wishes to revoke my previous authorization regarding the use and/or disclosur health information.	
Date of Signature//	
☐ I am the personal representative for the member.* *Note: Personal representative means a person with legal authority (under State or applicable law) to act on behalf of the indivision making health care decisions. Please complete Section #4.	idual
Section #4: Personal Representative	
If signed by a personal representative, complete the following:	
Name of personal representative: (print name)	
Name of individual you are representing: (print name) Relationship to individual or nature of authority (e.g., health care power of attorney, guardian, other statutory authorization):	
Note: If other than natural parent of a minor child, valid and current proof of legal relationship as personal representative must be provided.	r
Personal Representative Contact Information	
Address Telephone Number	
E-mail	
Date of Signature /	

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Privacy Officer

Submit Form to: Michigan Conference of Teamsters Welfare Fund

2700 Trumbull Avenue

Detroit, MI 48216

Or Fax to: 313-496-2943

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