



**WYOMING**

## CONSENT REVOCATION FORM

**Purpose:** This form is used to revoke or confirm revocation of a Consent previously given to BCBSWY.

### SECTION A: Individual Revoking Consent

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Subscriber Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

### SECTION B: Statement of Revocation by Individual—Please read the following statements carefully.

I revoke my Consent\*, dated \_\_\_\_\_, for Blue Cross Blue Shield of Wyoming's (BCBSWY) Use and Disclosure of my Protected Health Information for its Payment activities and Healthcare Operations.

I understand that revocation of my Consent will not affect any action BCBSWY has taken in reliance on my Consent before receiving this written notice of revocation. I also understand that BCBSWY may disenroll me from its Health Plan because I have revoked my Consent. Initials: \_\_\_\_\_

\*Attach copy of Consent to this form if possible.

### SECTION C: Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### SECTION D: Personal Representative

If this revocation is signed by a Personal Representative on behalf of the Individual, complete the following:

\_\_\_\_\_  
Personal Representative's Name

\_\_\_\_\_  
Relationship to Individual

**YOU ARE ENTITLED TO A COPY OF THIS CONSENT REVOCATION AFTER YOU SIGN IT**

# Form Submission Instructions

Steps for returning a completed form may depend on whether you obtained the form online, received it by email or through another means. Please read the instructions below to decide which submission method suits you best. If the form specifies a preferred method, please follow those directions instead.

**Online:** Download the form and fill it out in the free Adobe Reader ([get.adobe.com/reader](https://get.adobe.com/reader)) or fill out the form online if that option exists and then download it to your device. Save the completed form to your computer or device.

## Submission:

**BY MAIL** — Print and mail the completed form to:

*Blue Cross Blue Shield of Wyoming, PO Box 2266, Cheyenne, WY 82003.*

**BY EMAIL** — Send the form and any required documentation as attachments to a BCBSWY email address, if one is provided.

**BY SECURE UPLOAD** — Follow the directions below to securely upload your form to the Message Center at YourWyoBlue.com ([www.yourwyoblue.com](https://www.yourwyoblue.com)). Click the link or scan the QR code.

After logging in to your **YourWyoBlue.com** account, and going to the **Message Center**:

### STEP 1

Click on the **CONTACT US** button near the bottom of the page.

### STEP 2

Select the plan the form applies to from the list in the **CONTACT US** panel.

### STEP 3

Select General—Other as the **Message Topic**.

### STEP 4

Include any message in the **Questions & Comments** box.

### STEP 5

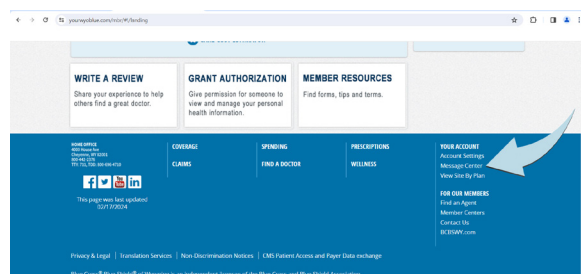
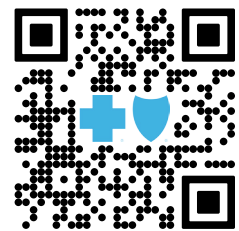
Click on the paperclip icon next to **Attach file** and attach completed form from its location on your device.

### STEP 6

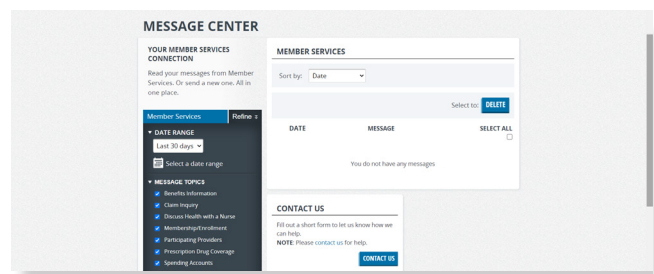
Fill in remaining information (\*Phone number, \*Best time to call, and \*May we leave a message...?)

### STEP 7

Click on the **SUBMIT** button to upload your saved form securely.



Message Center link, Desktop View



Contact Us button, Desktop View