



AUTHORIZATION REVOCATION

Purpose: This form is used to revoke or to confirm revocation of an Authorization previously given to BCBSWY.

SECTION A: Individual Revoking Authorization

Name: _____

Address: _____

Telephone: _____ E-mail: _____

Subscriber Number: _____ Social Security Number: _____

Date of Authorization: _____ **Attach a copy of Authorization if available.

SECTION B: Statement of Revocation

I revoke my Authorization for Blue Cross Blue Shield of Wyoming's (BCBSWY) Use and Disclosure of my Protected Health Information as described below.

I understand that revocation of my Authorization will *not* affect any action BCBSWY or others took in reliance on my Authorization before they received written notice of my revocation. I also understand that, if my Authorization was a condition of my enrollment in BCBSWY's Health Plan or of my eligibility for benefits, or was for Protected Health Information that BCBSWY requested to adjudicate Payment of a claim involving me, BCBSWY may disenroll me from the Health Plan, end my eligibility for the benefits, or not pay the claim. Initials: _____

SECTION C: Description of Authorization Revoked

Protected Health Information: The revoked Authorization had authorized Use and/or Disclosure of the following Protected Health Information:

Entities Authorized to Use or Disclose: The revoked Authorization had authorized the following persons and/or organizations (or classes of persons and/or organizations), including BCBSWY, to receive, make Use of and/or to Disclose the Protected Health Information described above:

SECTION D: Signature

Signature

Date

SECTION E: 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 AUTHORIZATION 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) 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 at Member.YourWyoBlue.com (member.yourwyoblue.com). Click the link or scan the QR code.

After logging in to your Member.YourWyoBlue.com account:

STEP 1
Click on the **Support** button on the menu bar. Scroll down and select **Send a Message**.

STEP 2
Select the plan the form applies to from the list in the panel. Click **Continue**.

STEP 3
Select General–Other as the **Topic**.

STEP 4
Fill in **Callback Preferences** (*Phone number, *Best time to call, and *May we leave a message...?).

STEP 5
Type any message in the **Message** box.

STEP 6
Click on the paperclip icon next to message box to attach a completed form from its location on your device.

STEP 7
Click on the **Send** button to send your message and upload your saved form securely.

