Revocation of Authorization to Use and/or Disclose Health Information

I want to cancel, or revoke, the permission I gave to Sunshine Health to use my health information for a particular purpose or to share my health information with a person or group:

PERSON OR GROUP THAT RECEIVED THE INFORMATION:

Name (person or group): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (___) ___ - _____

Authorization Signed Date (if known):/ ____ / ____

MEMBER INFORMATION:

Member Name (print): _____

Member Date of Birth: _ / ____/_____ Member ID Number: _____

I understand that my health information (including, where applicable, my substance use disorder records) may have already been used or shared because of the permission I gave before. I also understand that this cancellation only applies to the permission I gave to use my health information for a particular purpose or to share my health information with the person or group. It does not cancel any other authorization forms I signed for health information to be used for another purpose or shared with another person or group.

Member Signature:_____ **Date:** ____ / ____/_____

(Member or Legal Representative Sign Here)

If you are signing for the Member, describe your relationship below. If you are the Member's personal representative, describe this below and send us copies of those forms (such as power of attorney or order of guardianship).

Sunshine Health will stop using or sharing your health information when we receive and process this form. Use the mailing address below. You can also call for help at the number below.

Sunshine Health
Attn: Allwell Privacy Officer
1301 International Parkway, Suite 400, Sunrise, Florida 33323
Phone: 1-877-935-8022 (TTY: 711)

Call 1-877-935-8022 (TTY 711).
From Oct. 1 to Feb. 14, you can call us seven days a week from 8 a.m. to 8 p.m. From Feb. 15 to Sept. 30, you can call us Monday-Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends and on federal holidays.

Allwell is contracted with Medicare for HMO, HMO SNP and PPO plans, and with some state Medicaid programs. Enrollment in Allwell depends on contract renewal.