mercy care | mercy care advantage HMO SNP

Removal of Authorization Previously Given to Mercy Care

Protected Health Information (PHI) means information about your health. Federal and state laws protect the privacy of your PHI. The laws say we cannot give anyone other than your doctors and others who may be taking care of you your PHI unless you say it is **OK**. By signing this paper, you give us your **OK** to remove the people or agencies you previously named to receive your PHI.

1. Who is the Medicaid Member?

First name	Last name	Middle initial
Member ID number	Birthdate *(MM/DD/YYYY)*	Phone number
Street		
City, state, ZIP code		

2. What authorization do you want removed? *(Check the correct box.)*

- ☐ Your **OK** for Mercy Care to give your PHI to other people or agencies.
- ☐ Your **OK** for Mercy Care to request your PHI from other people or agencies.

3. Who are the people or agencies you want removed from getting your PHI?

Person or company name	Phone number
Street	
City, state, ZIP code	
Person or company name	Phone number
Street	
City, state and ZIP code	

"Mercy Care" also includes Mercy Care's subsidiaries, affiliates, employees, agents and subcontractors.

4. Important: By signing below, I understand and agree:

• By removing my **OK**, it will not affect actions Mercy Care took before getting this request. • I can get a copy of this request by writing to the address on this form.

Signature of member or legal representative	Date
Print name of member's legal representative *(if applicable)*	

Authorized Representative means you have legal proof that you can act for this person.
A representative signs for a person who cannot legally sign on his or her own. If the member is less than 18 years old, a parent, or guardian should sign for the minor. If you are a representative signing this form you must send legal proof you can act for this person.

Do you have questions? We can help. Call Mercy Care at: 800-624-3879.

Or call Mercy Care Advantage at 1-877-436-5288.

Please sign and return this completed form to:

Mercy Care
Privacy Officer and Coordinator
4750 S. 44th Place, Ste. 150.
Phoenix, AZ 85040

"Mercy Care" also includes Mercy Care's subsidiaries, affiliates, employees, agents and subcontractors.