



Texas Children's Health Plan
Revocation of authorization to disclose protected health information

You have the right to revoke any authorization you have previously given to Texas Children's Health Plan ("Texas Children's") to disclose your (or your child's) protected health information. If you wish to revoke your authorization please submit this form in writing to Texas Children's. Please be aware that authorizations expire 180 days after the date of signature unless the authorization specifies otherwise, according to state law.

I previously authorized Texas Children's to disclose information from the records of:

Member name: _____ Member ID #: _____

Mailing address: _____ Home phone: _____

City, State, ZIP: _____ Member date of birth: _____

Date of original authorization (or approximate date): _____

Please provide your address and phone if different from the member's above.

Address: _____ Home Phone: _____

City, State, ZIP: _____

I hereby revoke my authorization for Texas Children's to disclose protected health information as described above.

I understand:

- This revocation will not affect any disclosures by Texas Children's allowed or required by law.
This revocation applies only to the previously submitted authorization described above.
This revocation will not affect any disclosures made by Texas Children's in good faith prior to the date that Texas Children's receives and executes this written form.
I release Texas Children's and its workforce from any legal responsibility or liability for the disclosure of health information previously authorized.

Signature: _____ Date: _____

Printed Name: _____ Relationship to Member: _____

Mail this completed form to:

Member Services
Texas Children's Health Plan
PO Box 301011, MB-8360
Houston, TX 77230



Texas Children's Hospital
Integrated Delivery System