Revocation of Authorization to Use and/or Disclose Health Information

I want to cancel, or revoke, the permission I gave to PA Health & Wellness 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): / _____ /_____

PARTICIPANT INFORMATION:

Participant Name (print): _____

Participant Date of Birth: _____ / _____/ _____ Participant 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.

Participant Signature:_____ **Date:** _____ / _____/ _____

(Participant or Legal Representative Sign Here)

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

PA Health & Wellness 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.

PA Health & Wellness
300 Corporate Center Drive, Camp Hill, PA 17011
1-844-626-6813
TTY: 1-844-349-8916
PAHealthWellness.com

Statement of Non-Discrimination

PA Health & Wellness complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, creed, sex, religion, age, national origin, ancestry, marital status, sexual orientation, gender identity, language, MA status, income status, program participation, health status, disease or pre-existing condition, anticipated need for healthcare or physical or mental handicap. PA Health & Wellness does not exclude people or treat them differently because of race, color, creed, sex, religion, age, national origin, ancestry, marital status, sexual orientation, gender identity, language, MA status, income status, program participation, health status, disease or pre-existing condition, anticipated need for healthcare or physical or mental handicap.

PA Health & Wellness:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
    - Qualified sign language interpreters
    - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
    - Qualified interpreters
    - Information written in other languages

If you need these services, contact PA Health & Wellness at 1-844-626-6813 (TTY/TDD 1-844-349-8916).

If you believe that PA Health & Wellness has failed to provide these services or discriminated in another way on the basis of race, color, creed, sex, religion, age, national origin, ancestry, marital status, sexual orientation, gender identity, language, MA status, income status, program participation, health status, disease or pre-existing condition, anticipated need for healthcare or physical or mental handicap, you can file a grievance with: Grievance and Appeals Coordinator, PA Health & Wellness, 300 Corporate Center Drive, Camp Hill, PA 17011, 1-844-626-6813 (TTY/TDD 1-844-349-8916), Fax 1-844-706-7719.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, PA Health & Wellness is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at *https://ocrportal.hhs.gov/ocr/portal/lobby.jsf*, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW. Room 509F, HHH Building
Washington, DC 2020
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at *http://www.hhs.gov/ocr/office/file/index.html*.

ENGLISH	If you, or someone you're helping, has questions about Pennsylvania Health & Wellness, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-844-626-6813 (TTY/TDD 1-844-349-8916).
SPANISH	Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Pennsylvania Health & Wellness, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-626-6813 (TTY/TDD 1-844-349-8916).
CHINESE	如果您，或是您正在協助的對象，有關於 Pennsylvania Health & Wellness方面的問題，您有權利免費以您的母語得到幫助和訊息。如果要與一位翻譯員講話，請撥電話1-844-626-6813 (TTY/TDD 1-844-349-8916)。
VIETNAMESE	Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Pennsylvania Health & Wellness, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin goi 1-844-626-6813 (TTY/TDD 1-844-349-8916).
RUSSIAN	В случае возникновения у вас или у лица, которому вы помогаете, каких-либо вопросов о программе страхования Pennsylvania Health & Wellness вы имеете право получить бесплатную помощь и информацию на своем родном языке. Чтобы поговорить с переводчиком, позвоните по телефону 1-844-626-6813 (TTY/TDD 1-844-349-8916).
PENNSYLVANIAN DUTCH	Vann du, adda ebbah's du am helfa bisht, ennichi vragen hott veyyich Pennsylvania Health & Wellness, dann hosht du's recht fa hilf greeya adda may aus finna diveyya in dei shprohch un's kosht nix. Fa shvetza mitt ebbah diveyya, kawl 1-844-626-6813 (TTY/TDD 1-844-349-8916).
KOREAN	만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Pennsylvania Health & Wellness 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는1-844-626-6813 (TTY/TDD 1-844-349-8916)로 전화하십시오.
ITALIAN	Se lei, o una persona che lei sta aiutando, avesse domande su Pennsylvania Health & Wellness , ha diritto a usufruire gratuitamente di assistenza e informazioni nella sua lingua. Per parlare con un interprete, chiami l'1-844-626-6813 (TTY/TDD 1-844-349-8916).
ARABIC	إذا كان لديك أو لدى شخص تساعده أسئلة حولPennsylvania Health & Wellness، لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-844-626-6813 (TTY/TDD 1-844-349-8916).
FRENCH	Si vous-même ou une personne que vous aidez avez des questions à propos d'Pennsylvania Health & Wellness, vous avez le droit de bénéficier gratuitement d'aide et d'informations dans votre langue. Pour parler à un interprète, appelez le 1-844-626-6813 (TTY/TDD 1-844-349-8916).
GERMAN	Falls Sie oder jemand, dem Sie helfen, Fragen zu Pennsylvania Health & Wellness hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-626-6813 (TTY/TDD 1-844-349-8916) an.
GUJARATI	જે તમને અથવા તમે જેમની મદદ કરી રહ્યા હોય તેમને, Pennsylvania Health & Wellness વિશે કોઈ પ્રશ્ન હોય તો તમને, કોઈ ખર્ચ વિના તમારી ભાષામાં મદદ અને માહિતી પ્રાપ્ત કરવાનો અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે 1-844-809-0449 (TTY/TDD 1-844-322-4523) ઉપર કૉલ કરો.
POLISH	Jeżeli ty lub osoba, której pomagasz, macie pytania na temat planów Pennsylvania Health & Wellness, macie prawo poprosić o bezpłatną pomoc i informacje w języku ojczystym. Aby skorzystać z pomocy tłumacza, zadzwoń pod numer 1-844-626-6813 (TTY/TDD 1-844-349-8916).

FRENCH CREOLE (HAITIAN CREOLE)	Si oumenm, oubyen yon moun w ap ede, gen kesyon nou ta renmen poze sou Pennsylvania Health & Wellness, ou gen tout dwa pou w jwenn èd ak enfòmasyon nan lang manman w san sa pa koute w anyen. Pou w pale avèk yon entèprèt, sonnen nimewo 1-844-626-6813 (TTY/TDD 1-844-349-8916).
MON-KHMER, CAMBODIAN	ប្រសិនលោកអ្នកឬ ខរណាម្នាក់ដែលអ្នកកំពុងតែជួយមានបញ្ហាអំពី Pennsylvania Health & Wellness អ្នកមានសិទ្ធិទទួលបានជំនួយនិងព័ត៌មានជាភាសារបស់អ្នកដោយឥតគិតថ្លៃ។ សូមនិយាយទៅកាន់អ្នកបកប្រែភាសាលេខ1-844-626-6813 (TTY/TDD 1-844-349-8916)
PORTUGUESE	Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Pennsylvania Health & Wellness, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-626-6813 (TTY/TDD 1-844-349-8916).