

Revocation of Authorization for Release of Protected Health Information

UPREHS Prime Medicare Plan
PO Box 161020
Salt Lake City, UT 84116-1020
Customer Services: 1-800-547-0421
Fax Number: 801-595-2012

I hereby revoke my authorization to Union Pacific Railroad Employees Health Systems to disclose protected health information from the records of:

Member Name _____ Phone (____) _____
UPREHS ID Card # _____ Date of Birth _____
Street Address _____ (MM/DD/YYYY)
City, State, Zip _____

Specific description of information that may NOT now be released (including beginning date(s):

_____ Dues/payment information _____ Medical records (UPREHS Clinics only)
_____ Prescription and/or co-payment information _____ Copies of claims
_____ Explanation of benefits, payments or denials _____ Other _____
_____ All of the above _____ (Describe specific information)

I understand that authorized disclosures may have already occurred and that this revocation cannot apply retroactively to any disclosures. I understand that Federal or State law may require disclosure of protected health information.

UPREHS, its employees, officers, Depot Drug pharmacies, and Clinic physicians are hereby released from any legal responsibility or liability for disclosure of information I previously authorized.

Signature of member or member's legal representative Date
(Complete the form before signing)

(Print full name if member's legal representative) (Title or relationship to member)

NOTE: A copy of a notarized Power of Attorney may be submitted to authorize this revocation.

