



## Authorization Cancellation

Please read these instructions carefully before completing this form.

### When to Use This Form

You must complete this form if you want to cancel an Authorization to release information about you that is currently on file with BlueLink. You may also cancel an authorization for an individual to act on your behalf.

Parents or a legal guardian may sign for a minor unless the information being released is about:

- ◆ pregnancy,
- ◆ sexually transmitted disease,
- ◆ alcohol or drug abuse,
- ◆ abortion,
- ◆ hepatitis B shot, or
- ◆ mental illness of a minor.

For these types of records, the minor must sign the authorization.

### How to Complete This Form

This form must be completed and signed by:

- ◆ The person whose Authorization is on file, or
- ◆ The parent or legal guardian of the person whose Authorization is on file except as listed above, or
- ◆ The personal representative of the person whose Authorization is on file (e.g., power of attorney, conservator, legal guardian, executor).

To complete this form:

- ◆ Fill in the name, member identification, date of birth and group number of the person whose Authorization is on file.
- ◆ Fill in the type of information you'd like to discontinue from release.
- ◆ Fill in the name of the person or organization you would like to stop from seeing your information.
- ◆ Sign and date the form.
- ◆ If you are not the person requesting the cancellation, state your relationship to that person.

### Mail or fax this form to

BlueLink  
P.O. Box 64668  
St. Paul MN 55164-0668  
Attention: Customer Service

Fax: 651-662-7933



## Authorization Cancellation

Member Information (Person requesting cancellation)

Member Name \_\_\_\_\_ Member ID \_\_\_\_\_

Date of Birth \_\_\_\_\_ Group Number \_\_\_\_\_

### Cancellation Statement

I cancel my authorization to release the following information (Check all that apply)

- Address, date of birth, membership status
- Claim Information
- Premium Information
- Appeal Information
- Psychotherapy Notes

I cancel my authorization for \_\_\_\_\_  
to release information to BlueLink.

I cancel my authorization for BlueLink to release information to:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

I understand that my cancellation of this Authorization does not affect any release of information processed before I canceled it.

If my Authorization was a condition of my enrollment or claim(s) processing, I understand that my cancellation may cause BlueLink to decline my enrollment or my claims because they do not have all the information they need.

Signature

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Personal Representative

\_\_\_\_\_  
Date

If this request is by a personal representative on behalf of the Member, complete the following:

Personal Representative's Name: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

**Note:** You have a right to keep a copy of this notice after you sign it.