



Authorization for Release of Health Information Termination Request Form

The purpose of this form is to revoke the Authorization for Release of Health Information to the Recipient indicated below. Completion of this form does not apply to any information previously released by the Health Plan.

1. Member Identification and Contact Information _____

The member identified in this section is the person whose health information should no longer be released to the Recipient noted below. If this Termination is being completed for a minor child, please provide the name and personal identification information for the minor child.

Name: _____

Member Number: _____

Social Security Number: _____

Daytime Telephone Number: _____

Evening Telephone Number: _____

2. Recipient Information _____

The person identified in this section is the person whose access to health information is being revoked.

Name: _____

Address: _____

Date of Birth: _____

Member Number (if applicable): _____

3. Personal Representative _____

This termination may be completed and signed on behalf of any member by the member's Personal Representative. A Personal Representative is a person who has legal authority to act in health care matters on your behalf, including a person who has been given a power of attorney or a court-appointed guardian. Please attach a copy of the legal documentation that provides the authority.

Name of Personal Representative: _____

Relationship of Personal Representative to Member listed in section 1: _____

4. Procedure to file this form _____

After completing and signing this form, please return it to the address listed below or fax the form to 1-301-360-8917:

**MAMSI Health Plans
Group Services Department
P.O. Box 931
Frederick, Maryland 21705**

For additional information, you may call 1-301-360-8115 or 1-800-709-7604.

For additional information, North Carolina residents may call 1-919-281-7132 or 1-800-347-1957.

Signature of Person Completing Form: _____ Date: _____

Printed Name of Person Completing Form: _____