

Revocation of Authorization to Use and/or Disclose Health Information



I want to cancel, or revoke, the consent I gave to CalViva Health to use my health information for a specific purpose. And, I want to cancel or revoke the consent I gave 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): / /			
Member information			
Member name (print):			
Member date of birth: / /		Member ID #:	
I understand that my health information may have been used by now, or shared because of the consent I gave before (this includes my substance use disorder records as needed). I also know that this cancellation only applies to the consent I gave to use my health information for a certain purpose. And, it also applies to my consent to share my health information with a person or group. It does not cancel any other approval forms I signed for health information to be: 1. Used for another purpose. 2. Shared with another person or group.			
Member signature (member or legal representative sign here):		Date:	
If you are signing for the member, describe how you know the member below. If you are the member's personal representative, describe this below. And, send us copies of those forms (e.g. Power of Attorney or Order of Guardianship).			

CalViva Health 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 listed below.

CalViva Health Eligibility Department
P.O. Box 10420, Van Nuys, CA 91499-6208
Phone: 888-893-1569, Fax: 844-222-3180