



# MEDICAL MUTUAL®

## Revocation of Authorized Contact

Please revoke my previous authorization to allow the person(s) named below to act as my personal representative regarding my protected health information.

**Please note: Items marked with an asterisk (\*) are required.**

| Member Information  |             |                   |           |
|---|-------------|-------------------|-----------|
| Last Name*  | First Name* | MI                | Birthdate |
| Group Number  |             | Member ID Number* |           |
| Explanation for Revocation*   |             |                   |           |
| Please explain your request and provide the <b>full name and contact information</b> of the authorized individual or entity whose access you are revoking. (Note: The revocation will not apply to information released prior to Medical Mutual's receipt of this revocation form.) |             |                   |           |
|   |             |                   |           |
|   |             |                   |           |
|   |             |                   |           |
|   |             |                   |           |
|   |             |                   |           |
|   |             |                   |           |
| Signature*  |             |                   |           |
| Member Signature  |             | Date              |           |
| <b>If you are an authorized representative, please sign below and enclose supporting documentation as required by state law (such as power of attorney, estate documentation or guardianship papers).</b>   |             |                   |           |
| Signature of Authorized Representative  |             | Relationship      | Date      |

Please complete all sections above. Send the signed and completed form to:

**Medical Mutual**  
P.O. Box 89499  
Cleveland, OH 44101-6499

Medical Mutual will review your request and provide you with a written response.

For more information, see the Notice of Privacy Practices at [MedMutual.com](http://MedMutual.com), or call the Customer Care number on your member identification card to request a copy.