Blue Cross Blue Shield Blue Care Network of Michigan

REVOCATION OF ALTERNATE MEANS OF CONFIDENTIAL COMMUNICATIONS

USE THIS FORM TO REVOKE A CONFIDENTIAL COMMUNICATIONS REQUEST PREVIOUSLY GIVEN.

Section A: Individual revoking confidential communications

Please complete the following information:

NAME			DAYTIME PHONE NUMBER
ADDRESS			
CITY	STATE	ZIP	ENROLLEE ID

Section B: Revocation

I revoke my request that BCBSM/BCN communicate with me about my PHI by alternate means, to send such communications to an alternate address that I may have provided, and/or to contact me at an alternate phone number.

I understand that this revocation *will not* affect actions taken in accordance with my original confidential communications request prior to receipt of this written revocation. I also understand that when my confidential communications indicator is removed, BCBSM will mail communications containing my PHI, such as an Explanation of Benefits, to the subscriber (the person whose name appears on my ID card). At BCN, communications will be sent to my address as listed in the membership records. In addition, BCBSM/BCN will also rely upon telephone information in my membership records when I am contacted by telephone.

Section C: Signature

Please sign and date: COMPLETED

I have read the above statement and attest that I no longer require communications about my PHI using alternate means or to the alternate address indicated in my previous request.

_____ _____

Signature **Date**

Section D: Personal Representative

If you are not the patient, please also complete section D of this form. Check the box that describes your relationship to the member. Please attach proof of your relationship to the patient (e.g. Power of Attorney, personal representative, documentation)

Please Print Name of Personal Representative: _____

_____ _____

Signature of Personal Representative **Date**

☐ Parent of Minor Child ☐ Legal Guardian ☐ Power of Attorney ☐ Executor ☐ Other _____

Please return this form to: **Customer Individual Rights Unit, MC 2004**
BCBSM/BCN - P.O. Box 2459
Detroit, MI 48231-2459

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