



Revocation of Authorization to Use and Disclose Health Information

I want to cancel, or revoke, the permission I gave Wellcare Prime by Absolute Total Care (Medicare-Medicaid Plan) to use my health information for a particular purpose or 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 Number: _____

I understand that my health information (including, where applicable, my substance use disorder records) may have already been used or shared because of the permission I gave before. I also understand that this cancellation only applies to the permission I gave to use my health information for a particular purpose or to share my health information with the person or group. It does not cancel any other authorization forms I signed for health information to be used for another purpose or shared with another person or group.

Member Signature: _____ **Date:** _____

(Member or Legal Representative Sign Here)

IF LEGAL REPRESENTATIVE - Relationship to Member: _____

If you are signing for the Member, describe your relationship. If you are the Member’s legal or personal representative, describe this and send us copies of those forms (such as power of attorney or order of guardianship).

Wellcare Prime will stop using or sharing your health information when we receive and process this form. Send this form to the mailing address below. You can also call for help at the number below.

For assistance with this form please call Member Services at 1-855-735-4398 (TTY: 711). Hours are from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.

**MAIL COMPLETED REVOCATION FORM AND ANY SUPPORTING DOCUMENTATION TO
Absolute Total Care, ATTN: Compliance Department
100 Center Point Circle, Suite 100, Columbia, SC 29210**

Wellcare Prime by Absolute Total Care (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and South Carolina Healthy Connections Medicaid to provide benefits of both programs to enrollees.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-735-4398 (TTY: 711) de 8 a.m. a 8 p.m., de lunes a viernes. Luego del horario de atención, los fines de semana y los días feriados federales, es posible que se le pida que deje un mensaje. Le devolveremos la llamada el próximo día hábil. La llamada es gratuita.