

# Revocation of Authorization to Use and/or Disclose Health Information



I want to cancel, or revoke, the permission I gave to PA Health & Wellness 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): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## PARTICIPANT INFORMATION:

Participant Name (print): \_\_\_\_\_

Participant Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Participant 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.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*(Participant or Legal Representative Sign Here)*

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

PA Health & Wellness 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 below.

PA Health & Wellness  
1700 Bent Creek Blvd. Suite 200  
Mechanicsburg, PA 17050  
1-844-626-6813 (TTY/TTD 711)  
Fax 1-844-873-7451

## Statement of Non-Discrimination

PA Health & Wellness complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). PA Health & Wellness does not discriminate on the basis of race, color, creed, sex, religion, age, national origin, ancestry, marital status, sexual orientation, gender identity, language, Medical Assistance (MA) status, income status, program participation, health status, disease or pre-existing condition, anticipated need for healthcare or physical or mental handicap.

### PA Health & Wellness:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages
  - If you need these services, contact PA Health & Wellness at 1-844-626-6813 (TTY 711).

If you believe that PA Health & Wellness has failed to provide these services or discriminated in another way on the basis of race, color, creed, sex, religion, age, national origin, ancestry, marital status, sexual orientation, gender identity, language, MA status, income, status, program participation, health status, disease or pre-existing condition, anticipated need for healthcare or physical or mental handicap, you can file a grievance with:

#### **1557 Coordinator**

PA Health & Wellness  
1700 Bent Creek Blvd. Ste. 200  
Mechanicsburg, PA 17050  
(833) 236-9679 (TTY 711)  
Fax: 866-388-1769  
PHWComplaintsandGrievances@PaHealthWellness.com

#### **The Bureau of Equal Opportunity**

Room 223, Health and Welfare Building  
P.O. Box 2675  
Harrisburg, PA 17105-2675  
Phone: (717) 787-1127, TTY/PA Relay 711  
Fax: (717) 772-4366  
Email: RA-PWBEOAO@pa.gov

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our 1557 Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

#### **U.S. Department of Health and Human Services**

200 Independence Avenue, SW.  
Room 509F, HHH Building,  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.

This notice is available at PA Health & Wellness website: <https://www.pahealthwellness.com/non-discrimination-notice.html>.

# Language Assistance



## English:

If you, or someone you're helping, has questions about PA Health & Wellness, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-844-626-6813 (TTY: 711).

## Spanish:

Si usted, o alguien a quien está ayudando, tiene preguntas acerca de PA Health & Wellness, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-626-6813 (TTY 711).

## Chinese Mandarin:

如果您，或是您正在協助的對象，有關於 PA Health & Wellness 方面的問題，您有權利免費以您的母語得到幫助和訊息。如果要與一位翻譯員講話，請撥電話 1-844-626-6813 (TTY 711)。

## Vietnamese:

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về PA Health & Wellness, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-626-6813 (TTY 711).

## Russian:

В случае возникновения у вас или у лица, которому вы помогаете, каких-либо вопросов о программе страхования PA Health & Wellness вы имеете право получить бесплатную помощь и информацию на своем родном языке. Чтобы поговорить с переводчиком, позвоните по телефону 1-844-626-6813 (TTY 711).

## Pennsylvania Dutch:

Vann du, adda ebbah's du am helfa bisht, ennichi vragen hott veyyich PA Health & Wellness, dann hosht du's recht fa hilf greeya adda may aus finna diveyya in dei shprohch un's kosht nix. Fa shvetza mitt ebbah diveyya, kaw! 1-844-626-6813 (TTY 711).

## Korean:

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 PA Health & Wellness 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-844-626-6813 (TTY 711)로 전화하십시오.

## Italian:

Se lei, o una persona che lei sta aiutando, avesse domande su PA Health & Wellness , ha diritto a usufruire gratuitamente di assistenza e informazioni nella sua lingua. Per parlare con un interprete, chiami il 1-844-626-6813 (TTY 711).

## Arabic:

إذا كان لديك أو لدى شخص تساعدك أسئلة حول PA Health & Wellness، لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-844-626-6813 (TTY 711)

Language Assistance, continued

**French:**

Si vous-même ou une personne que vous aidez avez des questions à propos d'PA Health & Wellness, vous avez le droit de bénéficier gratuitement d'aide et d'informations dans votre langue. Pour parler à un interprète, appelez le 1-844-626-6813 (TTY 711).

**German:**

Falls Sie oder jemand, dem Sie helfen, Fragen zu PA Health & Wellness hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-626-6813 (TTY 711) an.

**Gujarati:**

જો તમને અથવા તમે જેમની મદદ કરી રહ્યા હોય તેમને, PA Health & Wellness વિશે કોઈ પ્રશ્ન હોય તો તમને, કોઈ ખર્ચ વિના તમારી ભાષામાં મદદ અને માહિતી પ્રાપ્ત કરવાનો અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે 1-844-626-6813 (TTY 711) ઉપર કોલ કરો.

**Polish:**

Jeżeli ty lub osoba, której pomagasz, macie pytania na temat planów PA Health & Wellness, macie prawo poprosić o bezpłatną pomoc i informacje w języku ojczystym. Aby skorzystać z pomocy tłumacza, zadzwoń pod numer 1-844-626-6813 (TTY 711).

**French Creole (Haitian Creole):**

Si oumenm, oubyen yon moun w ap ede, gen kesyon nou ta renmen poze sou PA Health & Wellness, ou gen tout dwa pou w jwenn èd ak enfòmasyon nan lang manman w san sa pa koute w anyen. Pou w pale avèk yon entèprèt, sonnen nimewo 1-844-626-6813 (TTY 711).

**Mon-Khmer, Cambodian:**

ប្រសិនលោកអ្នកឬ នរណាម្នាក់ដែលអ្នកកំពុងតែជួយមានបញ្ហាអំពី PA Health & Wellness អ្នកមានសិទ្ធិ ទទួលបានជំនួយនិងព័ត៌មានជាភាសាលោកអ្នកដោយឥតគិតថ្លៃ។ សូមនិយាយទៅកាន់អ្នកបកប្រែ តាមលេខ 1-844-626-6813 (TTY 711)។

**Portuguese :**

Se você, ou alguém a quem você está ajudando, tem perguntas sobre o PA Health & Wellness, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-626-6813 (TTY 711).