

New Mexico Retiree Health Care Authority
Form to Revoke/Terminate a Prior Authorization

I, _____, hereby **revoke/terminate** an authorization that I made on _____, 20__ regarding the use or disclosure of my health information.

1. Specific person/organization or class of persons who was authorized to **provide** the information:

2. Specific person/organization or class of persons who was authorized to **receive** and use the information:

3. Specific **description of the information that was allowed to be used or disclosed.**

(Include dates as appropriate):

4. I understand that the revocation/termination is only effective **after** it is received and logged by the Privacy Officer. I understand that any use or disclosure made prior to the date of this revocation/termination will not be affected by this revocation/termination request.

Signature of Individual

Date

or

Signature of Personal Representative

Date

If a Personal Representative executes this form, that Representative warrants that he or she has authority to sign the authorization form on the basis of:

☐ A signed Personal Representative Form;

☐ Other: _____

Acknowledgement by the Privacy Officer: _____ Date: _____, 20__

Once completed, please return this form to the:

Privacy Officer for the NMRHCA

Director of Communications

6300 Jefferson St. NE, Suite 150, Albuquerque, NM 87109

Telephone: 505-222-6403 Email: RHCA.Security@state.nm.us