



Revocation of Authorization to Use and/or Disclose Health Information

I want to cancel, or revoke, the permission I gave to Carolina Complete Health 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			Apt/Suite Number
City		State	Zip Code
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 you are signing for the Member, describe your relationship below. If you are the Member’s personal representative, describe this below and send us copies of those forms (such as power of attorney or order of guardianship).

Carolina Complete Health 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.

Carolina Complete Health 1701
North Graham Street
Suite 101
Charlotte, NC 28206
1-833-552-3876 (TTY 711)
CarolinaCompleteHealth.com

How To Submit This Form to Carolina Complete Health

You may submit this form in two ways:



By Mail

Please mail the request to:

Carolina Complete Health
Attn: Privacy Office
1701 North Graham Street
Suite 101
Charlotte, NC 28206



By Email

You may email the completed PDF as an Email attachment to:

CCH_Compliance@carolinacompletehealth.com

Support

If you need help in submitting this document, you may reach out to Member Services at 1-833-552-3876 (TTY 711), Monday-Saturday 7 AM - 6 PM EST.