

Form 14A: Revocation of Confidential Communication Request

Use this form to revoke a Confidential Communication Request previously given to Blue Cross and Blue Shield of Vermont (BCBSVT) and/or The Vermont Health Plan (TVHP). This form consists of two (2) pages

Section A: Member Information

Member Name: _____ Date of Birth: _____
Identification Number: _____ Telephone: _____
Address: _____

Section B: Statement of revocation

I revoke my previous request for BCBSVT/TVHP to use alternative means or an alternative location when communicating with me about my protected health information.

I understand that this revocation of my Confidential Communication Request will *not* affect any action BCBSVT/TVHP, VCC and their subsidiaries, affiliates, employees, officers, agents and other related entities or others took in reliance on my Confidential Communications Request before receipt of this written notice of my revocation.

Section C: Description of Confidential Communication Request to be revoked

Please attach (if available) a copy of the Confidential Communication Request that is being revoked. If a copy of the Confidential Communication Request is not attached, please provide the following information.

Date of Confidential Communication Request (if known): _____

Please provide the alternate address or other method of contact that was requested:

Section D: Individual's Signature

Signature: _____ Date: _____

If you are a personal representative, such as a Legal Guardian or agent acting under a Power of Attorney, you *may* be able to sign on behalf of the Member/Patient if the supporting paperwork has required regulatory language. Complete the following and attach documentation (if applicable) supporting such personal representation and our Legal department will determine whether it is sufficient to grant authorization:

Personal Representative's Name: _____

Relationship to Individual: _____

Please keep a copy of this document for your records and email the completed Revocation to Blue Cross and Blue Shield of Vermont, Attn: Customer Service, at CustomerService@bcbsvt.com.

NOTE: This form must be signed and sent by the Member granting the permission, not the person receiving the permission.