



**REVOCACTION OF AUTHORIZATION
TO DISCLOSE HEALTHCHOICE INFORMATION**

Revocation Instructions

1. Enter the name and date of birth of the member or minor dependent whose authorization is to be revoked.

Name

Date of birth

2. Enter the name of the person who signed the authorization you are revoking.

Name

3. Enter the date the authorization was originally signed.

Signature date

4. Enter the effective date of the revocation of authorization.

Revocation date

5. Member, legal representative, spouse or dependent age 18 or over must sign and date the revocation.

Complete the Revocation Below:

I do hereby request that the authorization to disclose HealthChoice information indicated above be revoked. I understand that any action taken on the authorization prior to the revocation date is legal and binding.

Printed name of member, legal representative or dependent over 18

Signature of member, legal representative or dependent over 18

Today's date

Return to OMES EGID, 3545 NW 58th St., Ste. 600, Oklahoma City, OK 73112.