

**Self-Insured Schools of California (SISC)**  
**Form to Revoke a Personal Representative**

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Complete the following chart to indicate the name of the Personal Representative to be revoked:

	Plan Participant	Person to be Revoked as my Personal Representative
<b>Name (print):</b>		
<b>Address (City, State, Zip):</b>		
<b>Phone:</b>	(   )	(   )

I, \_\_\_\_\_ (Name of Participant or Beneficiary)  
 hereby revoke \_\_\_\_\_ (Name of Personal Representative)

to act on my behalf,

to act on behalf of my dependent child(ren), named:

\_\_\_\_\_,  
 in receiving any protected health information (PHI) that is (or would be) provided to a personal representative,  
 including any individual rights regarding PHI under HIPAA, effective \_\_\_\_\_,  
 20\_\_\_\_.

I understand that PHI has or may already have been disclosed to the above named Personal Representative prior  
to the effective date of this form.

\_\_\_\_\_  
 Participant or Beneficiary's Signature

\_\_\_\_\_  
 Date

*Return this form to the SISC Privacy Officer (the Coordinator Health Benefits) at:  
 Self-Insured Schools of California (SISC)  
 2000 "K" Street P.O. Box 1847 - Bakersfield, CA 93303-1847  
 Phone: 661-636-4410*