

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

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
Name (print):		
Address (City, State, Zip):		
Phone:	()	()

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 SISC's receipt and processing of this form.

Participant or Beneficiary's Signature

Date

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

