

Revocation of Authorization to Use and/or Disclose Health Information



I want to cancel, or revoke, the permission I gave to Allwell from MHS Health Wisconsin 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: _____

City: _____ State: _____ Zip: _____ 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).

Allwell from MHS Health Wisconsin 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.

Allwell from MHS Health Wisconsin
ATTN: Medicare Medical Management Department
10700 W. Research Drive, Suite 300
Milwaukee, WI 53226-9889
Phone: 1-877-687-1183
Fax: 1-877-935-8024

Allwell from MHS Health Wisconsin complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Allwell from MHS Health Wisconsin does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Allwell from MHS Health Wisconsin:

* Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).

* Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Allwell from MHS Health Wisconsin at 1-877-935-8024 (TTY/TDD: 711).

If you believe that Allwell from MHS Health Wisconsin has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Allwell from MHS Health Wisconsin's Customer Service is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, (TDD: 1-800-537-7697).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

English:

If you, or someone you're helping, has questions about Allwell from MHS Health Wisconsin, you have the right to get help and information in your language at no cost. To talk to an interpreter, call [1-877-935-8024](tel:1-877-935-8024) (TTY: 711).

Español (Spanish):

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-935-8024 (TTY: 711).

Hmoob (Hmong):

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-935-8024 (TTY: 711).

中文 (Chinese Mandarin):

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-935-8024 (TTY : 711) 。

ລາວ (Laotian):

ໂບດຊາບລາວ ທ່ານເວົ້າພາສາ ຖ້າວ່າ : , ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ 8024-935-877-1 ໂທຣ . (TTY: 711).

သတိ (Burmese) -

သင်သည် မြန်မာစကား ပြောပါက ဘာသာစကားဆိုင်ရာ ဝန်ဆောင်မှုများ အခမဲ့ ရယူနိုင်ပါသည်။ 1-877-935-8024 (TTY: 711) ကို ဖုန်းဆက်ပါ။

OGEYSIIS (Somali):

Hadii luuqada aad ku hadashaa tahay Somali, waxa ku diyaar ah adeega caawinta luuqadaha oo lacag la'aan ah. Fadlan wac 1-877-935-8024 (TTY: 711).

Deutsch (German):

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-935-8024 (TTY: 711).

العربية (Arabic):

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-713-6180 (رقم هاتف الصم و البكم: 1-800-947-3529).

Русский язык (Russian):

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-935-8024 (телетайп: 711)

한국어 (Korean):

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-935-8024 (TTY: 711)번으로 전화해 주십시오.

Tiếng Việt (Vietnamese):

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-935-8024 (TTY: 711).

Pennsilfaanisch Deitsch (Pennsylvania Dutch):

Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprouch. Ruf selli Nummer uff: Call 1-877-935-8024 (TTY: 711).

Français (French):

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-935-8024 (ATS : 711).

Polski (Polish):

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-935-8024 (TTY: 711).

हिंदी (Hindi):

आप या जिसकी आप मदद कर रहे हैं उनके, Allwell from MHS Health Wisconsin के बारे में कोई सवाल हों, तो आपको बिना किसी खर्च के अपनी भाषा में मदद और जानकारी प्राप्त करने का अधिकार है। किसी दुभाषिये से बात करने के लिए [1-877-935-8024](tel:1-877-935-8024) (TTY: 711) पर कॉल करें।

Shqip (Albanian):

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-877-935-8024 (TTY: 711).

Tagalog (Tagalog, Filipino):

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-935-8024 (TTY: 711).