



Health Net of the Northeast,
Inc.
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Health Net
Revocation of Authorization for Disclosure of Health Information

(1) I hereby revoke authorization to Health Net to disclose information from the health records of

Member name _____ Date of birth _____

Address _____ Telephone _____

Member ID Number _____

To: _____
(previously authorized recipients)

Covering the period(s) of healthcare:

From(date) _____ To(date) _____

From(date) _____ To(date) _____

From(date) _____ To(date) _____

(2) I understand that disclosures made in good faith may have already occurred in reliance upon my previously issued authorization and that this revocation cannot apply retroactively to such disclosures.

(3) Health Net, its employees and officers are hereby released from any legal responsibility or liability for disclosure of the information I authorized previously.

(4) Information used or disclosed pursuant to an authorization may be subject to redisclosure by the recipient and no longer protected by the federal health information privacy regulations.

In the Northeast, coverage is provided by subsidiaries of Health Net of the Northeast, Inc. and Health Net of Pennsylvania, Inc.

