

Revocation of Authorization to Use and/or Disclose Health Information



I want to cancel, or revoke, the permission I gave to Magnolia Health 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).

Magnolia Health 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.

Magnolia Health
111 E. Capitol St., Ste. 500
Jackson, MS 39201
1-866-912-6285, Relay 711

Statement of Non-Discrimination

Magnolia Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, religion, national origin, age, disability, sex, sexual orientation, gender, or gender identity. Magnolia Health does not exclude people or treat them differently because of race, color, religion, national origin, age, disability, sex, sexual orientation, gender, or gender identity.

Magnolia Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (18 point font or larger print, audio, accessible electronic formats, other formats)
- Provides free language services for those whose primary language is not English, such as:
 - Qualified Interpreters
 - Information written in other languages

If you need these services, contact Magnolia Health at 1-866-912-6285, Relay 711.

If you believe that Magnolia Health has failed to provide these services or discriminated in another way on the basis of race, color, religion, national origin, age, disability, sex, sexual orientation, gender, or gender identity, you can file a grievance with: Appeals Unit/ Appeals Coordinator, 111 E Capitol Street, Suite 500, Jackson, MS 39201, 1-866-912-6285, Relay 711, Fax 1-877-264-6519. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Magnolia Health 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, 800-537-7697 (TDD).

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

Spanish:	Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Magnolia Health, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-866-912-6285, Relay 711.
Vietnamese:	Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Magnolia Health, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-866-912-6285, Relay 711.
Chinese:	如果您，或是您正在協助的對象，有關於 Magnolia Health 方面的問題，您有權利免費以您的母語得到幫助和訊息。如果要與一位翻譯員講話，請撥電話 1-866-912-6285, Relay 711。
French:	Si vous-même ou une personne que vous aidez avez des questions à propos d’Magnolia Health, vous avez le droit de bénéficier gratuitement d’aide et d’informations dans votre langue. Pour parler à un interprète, appelez le 1-866-912-6285, Relay 711.
Arabic:	إذا كان لديك أو لدى شخص تساعد أسئلة حول Magnolia Health، لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-866-912-6285, Relay 711.
Choctaw:	Chim ayalhpísah ihokih Chishno kiyokmat kanah ish apíla ka, Magnolia Health imma ná ponaklo hachim ashah ihokma. Apíla hicha nán annówa ya chim annopa anóli akó hashísha hínah kat. Ahíkachih kiyoh. Annopa tishóli imanópolih chinnakma, holhtina yappa ipayah 1-866-912-6285, Relay 711.
Tagalog:	Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Magnolia Health, may karapatan ka na makakuha nang tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-866-912-6285, Relay 711.
German:	Falls Sie oder jemand, dem Sie helfen, Fragen zu Magnolia Health hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-866-912-6285, Relay 711 an.
Korean:	만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Magnolia Health 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-866-912-6285, Relay 711 로 전화하십시오.
Gujarati:	જે તમને અથવા તમે જેમની મદદ કરી રહ્યા હોય તેમને, Magnolia Health વિશે કોઈ પ્રશ્ન હોય તો તમને, કોઈ ખર્ચ વિના તમારી ભાષામાં મદદ અને માહિતી પ્રાપ્ત કરવાનો અધિકાર છે. દુભાષિયા સાથે વાત કરવા 1-866-912-6285, Relay 711 ઉપર કોલ કરો.

Japanese:	Magnolia Health について何かご質問がございましたらご連絡ください。ご希望の言語によるサポートや情報を無料でご提供いたします。通訳が必要な場合は、1-866-912-6285, Relay 711 までお電話ください。
Russian:	В случае возникновения у вас или у лица, которому вы помогаете, каких-либо вопросов о программе страхования Magnolia Health вы имеете право получить бесплатную помощь и информацию на своем родном языке. Чтобы поговорить с переводчиком, позвоните по телефону 1-866-912-6285, Relay 711.
Punjabi:	ਜੇ ਤੁਹਾਡੇ, ਜਾਂ ਤੁਹਾਡੀ ਮਦਦ ਲੈ ਰਹੇ ਕਿਸੇ ਵਿਅਕਤੀ ਦੇ ਮਨ ਵਿਚ Magnolia Health ਦੇ ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹਨ. ਤਾਂ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਮੁਫਤ ਮਦਦ ਲੈਣ ਦਾ ਪੂਰਾ ਹੱਕ ਹੈ। ਦੁਭਾਸ਼ੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ 1-866-912-6285, Relay 711 'ਤੇ ਕਾਲ ਕਰੋ।
Italian:	Se lei, o una persona che lei sta aiutando, avesse domande su Magnolia Health, ha diritto a usufruire gratuitamente di assistenza e informazioni nella sua lingua. Per parlare con un interprete, chiami l'1-866-912-6285, Relay 711.
Hindi:	आप या जिसकी आप मदद कर रहे हैं उनके, Magnolia Health 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 1-866-912-6285, Relay 711 पर कॉल करें।
