

# Revocation of Previous Authorization for Release of Information Form

## Privacy Act Statement

This statement serves to inform you of the purpose for collecting personal information required by TRICARE East Automated Information System and how your personal information will be used.

**AUTHORITY:** 10 U.S.C. Chapter 55, Medical and Dental Care; 10 U.S.C. 1079 Contracts for Medical Care for Spouses and Children: Plans and 1086 Contracts for Health Benefits for Certain Members, Former Members, and Their Dependents; 38 U.S.C. Chapter 17 Hospital, Nursing Home, Domiciliary, and Medical Care; 32 CFR Part 199, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); and E.O. 9397 (SSN), as amended.

**PURPOSE:** To obtain information from individuals to validate their eligibility as beneficiaries, grant access to the TRICARE East website, and provide beneficiary services available through TRICARE East to validated individuals, including physician referrals, health care authorizations, claims payment, assignment of beneficiaries to physicians, and informational contact with validated beneficiaries.

**ROUTINE USES:** Information collected may be used and disclosed generally as permitted under 45 CFR Parts 160 and 164, Health Insurance Portability and Accountability Act Privacy and Security Rules, as implemented by DoD 6025.18-R, the DoD Health Information Privacy Regulation. Information collected from you may also be shared with the Departments of Health and Human Services and Homeland Security, and other Federal, State, local, and foreign government agencies, private business entities under contract with the Department of Defense, and individual providers of care, on matters relating to eligibility, claims pricing and payment, fraud, program abuse, utilization review, quality assurance, peer review, program integrity, third-party liability, coordination of benefits, and civil or criminal litigation.

**DISCLOSURE:** Voluntary; however, failure to furnish all requested information will result in an individual not being able to access beneficiary services available through TRICARE East.

**APPLICABLE SORN:** EDHA 07, Military Health Information System (June 15, 2020; 85 FR 36190) <https://dpcl.d.defense.gov/Portals/49/Documents/Privacy/SORNS/DHA/EDHA-07.pdf>

I hereby revoke my previous Authorization for Release Information form for the use or disclosure of my PHI by TRICARE East.

I understand that this revocation will not apply to information that has already been released in response to the previous authorization. I understand that this revocation will not apply to TRICARE East when the law provides otherwise.

I hereby revoke the use or disclosure of the below-named beneficiary's PHI by TRICARE East, as described below:

Entire Record

Other (please describe): \_\_\_\_\_

This information was disclosed to and used by the following individual(s) or organization(s): \_\_\_\_\_

Name(s) of the person (people) you authorized in the previous authorization and now wish to revoke:

\_\_\_\_\_

This information was being disclosed for the following purpose(s): \_\_\_\_\_

\_\_\_\_\_

### PLEASE PRINT

Beneficiary Name: \_\_\_\_\_ Sponsor ID or DoD Benefits ID #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone #: \_\_\_\_\_

Signature of Beneficiary or Authorized Representative:

\_\_\_\_\_

Signature Date (mm/dd/yyyy): \_\_\_\_\_

### PLEASE SEND THE COMPLETED FORM TO:

**FAX:** 877-298-3407

**MAIL:** TRICARE EAST PRIVACY OFFICE

P.O. BOX 740062

LOUISVILLE, KY 40201-7462



**EAST REGION**

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