

# SOUTHERN CALIFORNIA PIPE TRADES HEALTH & WELFARE FUND

501 Shatto Place, 5<sup>th</sup> Floor • Los Angeles, CA 90020 • (800) 595-PIPE (CA only) • (213) 385-6161 • Fax: (213) 383-0725

## CANCELLATION OF AUTHORIZATION FORM

\_\_\_\_\_  
**Your Name (Please Print)**

\_\_\_\_\_  
**Your Social Security Number**

I hereby cancel any existing Authorization Form that allows the Plan to provide my Protected Health Information (“PHI”) to the following person(s): (please fill in the name and address of the appropriate person(s))

**Spouse** : \_\_\_\_\_  
Address : \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Other Person(s)** : \_\_\_\_\_  
Address : \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**I understand that:**

- **THIS FORM REVOKES ANY PREVIOUS AUTHORIZATION FORM ONLY WITH RESPECT TO THE PERSON(S) NAMED ABOVE. IF I DECIDE TO REAUTHORIZE THIS PERSON(S) I WILL NEED TO SUBMIT A NEW COMPLETED AUTHORIZATION FORM TO THE PLAN.**
- **CANCELLATION WILL TAKE EFFECT ONCE THE FUND RECEIVES THIS FORM.**

\_\_\_\_\_  
**Your Signature**  
(or Signature of Personal Representative\*)

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

*\*If you are acting as the Personal Representative of the individual whose PHI is to be disclosed, you must provide proof of your authority to act for that individual.*

(A copy of this Cancellation of Authorization Form will be sent to you or your Personal Representative.)