SOUTHERN CALIFORNIA PIPE TRADES ADMINISTRATIVE CORPORATION
501 Shatto Place, Suite 500, Los Angeles, CA 90020 | (800) 595-7473 (213) 385-6161 | Fax (213) 386-0418 | Email info@scptac.org | www.scptac.org

CANCELLATION OF AUTHORIZATION TO DISCLOSE CONFIDENTIAL INFORMATION

I hereby cancel any existing Authorization Form that allows the Southern California Pipe Trades Administrative Corporation ("Fund Office") to disclose information regarding any of the six Southern California Pipe Trades trust funds administered by the Fund Office, which may include Protected Health Information ("PHI"), to the following authorized person:

Part 1 Participant Information

NAME			
DATE OF BIRTH	mm/dd/yyyy / /	**SOCIAL SECURITY NUMBER**	Only last four SSN digits required - -
ADDRESS	Street City State ZIP		
PHONE	( ) -	**EMAIL**	

Part 2 Patient for Health Information Disclosure (if different from PART 1)

COMPLETE THIS SECTION ONLY FOR PHI DISCLOSURE

NAME		**RELATIONSHIP TO PARTICIPANT**	
DATE OF BIRTH	mm/dd/yyyy / /	**SOCIAL SECURITY NUMBER**	Only last four SSN digits required - -
ADDRESS	Street City State ZIP		

Part 3 Authorized Person

NAME	
ADDRESS	Street City State ZIP

Part 4 Authorization

I CANCEL AUTHORIZATION FOR THE FUND OFFICE TO DISCLOSE MY INFORMATION, IN WRITTEN, ELECTRONIC, OR ORAL FORM, TO THE PERSON IDENTIFIED IN PART 3.

I understand that:

- By signing this form you are cancelling authorization for the Authorized Person named above to receive information for all Southern California Pipe Trades trust funds, to the extent you previously authorized access to multiple Funds.
- If you want the Authorized Person to continue to have access to one or more funds, but less than the number of funds previously authorized, please submit this Cancellation of Authorization Form **AND** a new Authorization to Disclose Form.
- Cancellation will take effect once the Fund Office receives this completed form.

PARTICIPANT OR PATIENT SIGNATURE Parent or Legal Guardian, if Minor Child, or Personal Representative* **X**	**PRINT NAME**	**DATE** / /

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