Washington State Council of County and City Employees Health and Welfare Trust

Physical Address 7525 SE 24th Street, Suite 200, Mercer Island, WA 98040 • Mailing Address PO Box 34203, Seattle, WA 98124
Phone (206) 441-7574 or (800) 732-1121 • Fax (206) 505-9727 • Website www.council2trust.com

Administered by
Welfare and Pension Administration Service, Inc.

Revocation of Authorization to Use or Disclose Health Information

1. Name of Plan: _____

2. Identify the individual on whose behalf the authorization was requested:

   Individual's Name: _____ Date of birth: _____

3. Last 4 digits of Covered Employee's Social Security Number _____

I hereby revoke the Authorization to Use or Disclose Health Information of the individual identified above, as specified in the authorization form dated: _____.

I understand that I cannot revoke any action that was taken prior to the Trust's receipt of this revocation and that was made in reliance on the authorization. I further understand that health information may be used and disclosed as allowed or required by law.

_____ _____
Signature of individual or legally authorized person Date

_____ _____
Print name if signed on behalf of Individual Relationship
(parent, legal guardian, personal representative)