Interoperability revocation of a third-party application

With this form, a member of Samaritan Health Plans/InterCommunity Health Network Coordinated Care Organization or their authorized representative, may revoke a third-party app's access to all their health information. Please ensure the form is complete before submitting it. Missing information may result in your request being canceled until a new, completed form is submitted.

Member information:		
Last name:	First name:	MI:
Other name(s) used at any facility or provider:		
Date of birth (MM/DD/YYYY):	Member ID:	
Email:		
Note: All communication regarding this request will be conducted by email. Failure to provide an email address will result in the rejection of this form.		
Authorized representative information:		
For interoperability data sharing requested by an authorized representative, SHP/IHN-CCO requires documentation of an existing representation relationship such as a medical power of attorney. This form does not create an authorized representative relationship.		
Last name:	First name:	MI:
Address:		
City:	State:	ZIP:
Phone:	Email:	
Note: All communication from SHP/IHN-CCO regarding this request will be conducted by email. Failure to provide an email address will result in the rejection of this form.		
Third-party app information:		
Revoke this third-party app's access to all the member's health information:		
Third-party app name (example: iHealth):		
Third-party app developer name (example: Apple):		
Note: If revoking access for more than one third-party app, a separate form must be submitted for each app.		

My rights:

SHP/IHN-CCO understands that your protected health information is personal, and we are committed to protecting your privacy. We are obtaining this written authorization revoking a third-party app's access to all your health information

I understand that my protected health information may be accessed, exchanged, or used by an electronic health information exchange (EHEI) application (or covered entity/other payers). I have the right to revoke my personal health information from being used by a third-party. If I revoke this authorization, the information described within will no longer be used or disclosed for the reasons stated. The revocation will be effective immediately upon SHP/IHN-CCO's receipt and processing.

I understand that refusal to sign the authorization will not negatively affect my ability to receive health care services or reimbursement for services. I understand that the information disclosed by this authorization may be subject to redisclosure by the recipient and no longer be protected under federal law. This authorization may be canceled (revoked) at any time.

You can find the SHP/IHN-CCO Notice of Privacy Practices information at **samhealthplans.org/Notice-of-Privacy-Practices**.

I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure and no longer be protected under federal law. However, I also understand that federal or state law may restrict re-disclosure of HIV/AIDS test or result information, mental health information, genetic information and drug/alcohol diagnosis, treatment or referral information.

You can find out more information about interoperability at SHP/IHN-CCO's education page at **samhealthplans.org/ThirdPartyApps** or **IHNtogether.org/ThirdPartyApps**.

Please initial indicating that you have read the "My rights" section of this form.

Add initials here: _____

A handwritten signature is required on this form. Electronic signatures are not accepted.

Who is making this request? ☐ Member ☐ Authorized representative

Requester signature:	Date:

Requester printed name:

Form submission options:

- **Scan** completed, signed form and **email** to HealthPlanResponse@samhealth.org.
- **Mail** completed form to Samaritan Health Plans/IHN-CCO, Attn: Customer Service, PO Box 1310, Corvallis, OR 97339.

If you have questions about this form, please call Customer Service at **541-768-4550** or **800-832-4580** (TTY **800-735-2900**), Monday through Friday from 8 a.m. to 8 p.m.