

## Orion Health Insurance Pool, Inc. (ORION)

### Form to Revoke a Personal Representative

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Complete the following chart to indicate the name of the Personal Representative to be revoked:

|  | Plan Participant | Person to be Revoked as my<br>Personal Representative |
|--|------------------|---|
| <b>Name (print):</b>                   |                  |   |
| <b>Address<br/>(City, State, Zip):</b> |                  |   |
| <b>Phone:</b>                          | (    )           | (    )  |

I, \_\_\_\_\_ (Name of Participant or Beneficiary)  
hereby revoke \_\_\_\_\_ (Name of Personal Representative)

to act on my behalf,

to act on behalf of my dependent child(ren), named:

\_\_\_\_\_,  
in receiving any protected health information (PHI) that is (or would be) provided to a personal representative,  
including any individual rights regarding PHI under HIPAA, effective \_\_\_\_\_,  
20\_\_\_\_.

I understand that PHI has or may already have been disclosed to the above named Personal Representative prior  
to the effective date of this form.

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\_\_\_\_\_  
Participant or Beneficiary's Signature

\_\_\_\_\_  
Date

Once completed, please return this form to the:  
Orion Health Insurance Pool, Inc. (ORION)  
ATTN: Privacy Officer  
333 East Osborn, Suite 300 Phoenix, AZ 85012  
Telephone: 1-800-718-8328