

**Orion Health Insurance Pool, Inc. (ORION)**  
**Form to Revoke/Terminate a Prior Authorization**

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I, \_\_\_\_\_, hereby **revoke/terminate** an authorization that I made on \_\_\_\_\_, 20\_\_ regarding the use or disclosure of my health information.

1. Specific person/organization/or class of persons who was authorized to **provide** the information:

\_\_\_\_\_

2. Specific person/organization/or class of persons who was authorized to **receive** and use the information:

\_\_\_\_\_

3. Specific **description of the information that was allowed to be used or disclosed**.

*(Include dates as appropriate):*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. I understand that the revocation/termination is only effective **after** it is received and logged by the Privacy Officer. I understand that any use or disclosure made prior to the date of this revocation/termination will not be affected by this revocation/termination request.

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Date

or

\_\_\_\_\_  
Signature of Personal Representative

\_\_\_\_\_  
Date

If a Personal Representative executes this form, that Representative warrants that he or she has authority to sign the authorization form on the basis of:

A signed Personal Representative Form;

Other: \_\_\_\_\_

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Acknowledgement by the Privacy Officer: \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_

*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