



**REVOCAION OF CONSENT TO DISCLOSE  
SENSITIVE HEALTH INFORMATION FOR  
TREATMENT PURPOSES TO PCP,  
HOSPITAL OR SPECIALIST**

Please complete, sign and return this form **ONLY** if you changed your mind and you **DO NOT** want your Primary Care Provider (PCP), hospital or the specialist who manages your care to see sensitive electronic health information that HUSKY Health Program (HUSKY) has about you from certain other providers. Remember that your PCP, hospital or specialist may use this information about you for treatment and care management purposes **ONLY**.

<b>MEMBER'S INFORMATION</b>			
Last Name	First Name	Date of Birth (MM/DD/YYYY)	HUSKY ID #
Address Line 1	Address Line 2	City, State, Zip	
Phone Number	Email Address		

<b>PROVIDER'S INFORMATION (complete only as much as you know)</b>			
Provider Name	Facility Name	Phone Number	Email Address
Address Line 1	Address Line 2	City, State, Zip	

I want HUSKY to **STOP SHARING** the following sensitive information with my PCP, hospital or specialist about (check all that apply):

<input type="checkbox"/> Behavioral Health	<input type="checkbox"/> Alcohol and/or drug treatment records	<input type="checkbox"/> HIV related information
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<b>SIGNATURE</b>			
Signature of Member or Member's Representative	Printed Name of Person who Signed	If Representative, Relationship to Member	Date

**Notes to Member:**

- Signing this form will not prevent you from getting services or benefits under HUSKY.
- As soon as we receive and process this form, we will stop sharing the information you checked above with your PCP, hospital or specialist. If we have already shared such information based on your consent, however, there is nothing we can do about that.
- At any time, you may change your mind and consent to our again sharing your sensitive information with your PCP, hospital or specialist. You would just need to complete a new consent form and send it to us.

PLEASE MAIL ALL COMPLETED FORMS TO:

HUSKY Health Program  
Attention: Compliance  
P.O. Box 5005  
Wallingford, CT 06492

HUSKY Health Program Member Engagement Services 1.800.859.9889