

Form FEP 14A: Revocation of Confidential Communication Request

Use this form to revoke a Form FEP F14: Confidential Communication Request previously given to Blue Cross and Blue Shield of Vermont (BCBSVT) and/or The Vermont Health Plan (TVHP). This form is intended for BCBSVT Federal Employee Program (FEP) members. This form consists of two (2) pages.

Section A: Member Information

Member Name: Date of Birth: _____

BCBSVT ID Number: _____

Address: _____

Telephone: _____

E-Mail Address: _____

Section B: Statement of revocation

I revoke my previous request for BCBSVT/TVHP to use alternative means or an alternative location when communicating with me about my protected health information.

I understand that this revocation of my Confidential Communication Request will *not* affect any action BCBSVT/TVHP, VCC and their subsidiaries, affiliates, employees, officers, agents and other related entities or others took in reliance on my Confidential Communications Request before receipt of this written notice of my revocation.

Section C: Description of Confidential Communication Request to be revoked.

Please attach (if available) a copy of the Form FEP F14: Confidential Communication Request that is being revoked. If a copy of the Form FEP F14: Confidential Communication Request is not attached, please provide the following information.

Date of Form FEP F14: Confidential Communication Request (if known): ____/____/____

Please provide the alternate address or other method(s) of contact that were requested:

Section D: Individual's Signature

Signature: _____ Date: _____

If you are a personal representative, such as a Legal Guardian or an agent acting under a Power of Attorney, you *may* be able to sign on behalf of the Member if the supporting documentation has the required language. This Form shall be accompanied by such supporting documentation for BCBSVT's Legal Department to determine whether authority is granted to authorize this Form.

Personal Representative's Name: _____

Relationship to Member or Authority to act as Personal Representative: _____

Please keep a copy of this document for your records and send the completed Authorization via mail to Blue Cross and Blue Shield of Vermont, Attn: FEP Customer Service, PO Box 186, Montpelier, VT 05601-0186, fax to (802) 225-7700, or email FEPcustomerservice@bcbsvt.com.