

Revoke Personal Documents

Use this form to revoke documents you have on file with us. If you any have additional instructions, call us at 1-800-338-6833 (TTY 711).



Member details

Member Name:

Birth Date (MM/DD/YYYY):

Member ID:

Documents to revoke

Check the boxes for all documents you want to revoke.

- ☐ Consent for Release of Protected Health Information (PHI)
- ☐ Appointment of Representative
- ☐ Power of Attorney
- ☐ Health Care Surrogate
- ☐ Living Will

Date to revoke documents

Enter the date to revoke your documents on. Or leave blank to revoke immediately.

Member signature

I understand that I'm revoking only the documents checked above and not any other documents Devoted Health has on file for me. I also understand that revoking these documents doesn't affect authorized actions my named agent may have already taken.

Signature:

Date:

Legal representative signature

Sign only if the member is a minor or unable to sign on their own. Be sure to attach copies of your authorization to represent the member as required by state law (such as power of attorney or guardianship papers).

Name:

Authority:

Signature:

Date:

Where to send your form

HMO D-SNP plans only: Devoted Health
PO Box 211157
Eagan, MN 55121
Fax: 1-833-434-0535

All other plans: Devoted Health
PO Box 211127
Eagan, MN 55121
Fax: 1-877-264-3859