SOUTHERN CALIFORNIA PIPE TRADES ADMINISTRATIVE CORPORATION
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CANCELLATION OF AUTHORIZATION
TO DISCLOSE CONFIDENTIAL INFORMATION

PART 1—PARTICIPANT INFORMATION

Participant Name _____ Social Security Number (only last four digits required) _____

Address _____

Phone Number _____ Email Address _____

PART 2 –PATIENT INFORMATION FOR HEALTH DISCLOSURE (IF DIFFERENT FROM PART 1)

COMPLETE THIS SECTION ONLY FOR PHI DISCLOSURE

Patient Name _____ Social Security Number (only last four digits required) _____

Address _____

Date of Birth _____ Relationship to Participant _____

PART 3 –AUTHORIZED PERSON

Authorized Person Name _____ Phone Number _____

Address _____

PART 4—AUTHORIZATION

I hereby cancel any existing Authorization Form that allows the Southern California Pipe Trades Administrative Corporation to disclose information, including Protected Health Information ("PHI"), held by any of the five Southern California Pipe Trades trust funds to the authorized person identified in Part 3 above.

I understand that:

- If I want the Authorized Person in Part 3 to continue to have access to one or more funds but less than the number of funds previously authorized, I must submit this Cancellation of Authorization Form AND a new Authorization to Disclose Form.
- Cancellation will take effect once the Fund Office receives this completed form.

X _____ _____

Participant or Patient Signature Date

(Parent or Legal Guardian if the patient is a minor child or a Personal Representative)

(If you are acting as the Personal Representative of the individual whose information is to be disclosed, you must provide proof of your authority to act for that individual.)