OMB No. 0920-0891
Exp. Date 09/30/2025

9.11 World Trade Center Health Program

Designated Representative Revocation Form

INSTRUCTIONS: This form may be used by a WTC Health Program member or applicant to revoke (remove) their previous appointment of a Designated Representative. If you choose to submit this form, it must be filled out in its entirety by the WTC Health Program applicant or member. If you are interested in revoking your previous designated representative appointment, you may submit only this form. If you are interested in changing your designated representative, the Designated Representative Appointment and HIPAA Authorization for Designated Representatives Forms (or their equivalent) would also need to be submitted.

Please return all documents to the WTC Health Program via mail ATTN: WTC Health Program Privacy Officer at P.O. Box 7000 Rensselaer, NY 12144 or via fax at 404-448-4485.

I,_____, want to withdraw my appointment of
(NAME OF APPLICANT/MEMBER)

_____ as my designated representative for purposes
(NAME OF DESIGNATED REPRESENTATIVE)
of the WTC Health Program, meaning that they will no longer be able to make requests or give direction to the WTC Health Program on my behalf regarding administrative matters.

I also want to revoke the HIPAA Authorization I submitted allowing the WTC Health Program to disclose my protected health information to the above individual acting as my Designated Representative, including protected health information contained in medical, treatment, and diagnostic records.

I understand that any use or disclosure of information by the WTC Health Program made prior to the Program's receipt of my written request to revoke this authorization will be governed by the previous authorization to the extent that the Program has taken any action in reliance on it.

Printed Name of Applicant/Manager	**Date of Birth**
Address	**WTC Health Program ID (911#), if known**
Address Line 2	**Phone**
Applicant/Manager Signature	**Date**