

# AUTHORIZATION TO SHARE CONFIDENTIAL MEMBER INFORMATION (ASCMI) REVOCATION FORM

**Use this Form if you want to take back your consent for Care Partners to share certain types of your information.**

The ASCMI Revocation Form should only be used if you have previously signed the ASCMI Form (either AB 133 or Non-AB 133) consenting to sharing your information.

## Client Information

Client Name: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Medi-Cal Client Index Number (as applicable)<sup>1</sup>: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code<sup>2</sup>: \_\_\_\_\_

Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code (optional): \_\_\_\_\_

Phone Number (optional): \_\_\_\_\_ E-mail Address (optional): \_\_\_\_\_

By completing the ASCMI Revocation Form, any data that you selected **“Yes”** to sharing in the ASCMI Form will be changed to **“No / Does not apply to me.”** This may include any of the following types of information listed below. If you are interested in changing only some of your consent preferences, complete a new ASCMI Form.

## ASCMI Form (AB 133 and Non-AB 133)

- » Substance use disorder information that is protected by 42 C.F.R. Part 2.
- » Housing information, including your housing status, history, and supports.

## ASCMI Form (Non-AB 133 only)

- » Some mental health information.
- » Intellectual and developmental disability information.
- » HIV test results.
- » Genetic test results.

<sup>1</sup> The Client Index Number is the first nine characters of the identification number located on the front of the Medi-Cal Member's Benefits Identification Card.

<sup>2</sup> This can be any address where you can receive mail, including the address of a friend, shelter, or family member.

## **AUTHORIZATION TO SHARE CONFIDENTIAL MEMBER INFORMATION (ASCFI) REVOCATION FORM**

Client Name	Client Signature	Date (mm/dd/yyyy)
Parent/Guardian/Legal Representative Name	Parent/Guardian/Legal Representative Signature	Date (mm/dd/yyyy)