

How to Withdraw Consent for a Legal Representative to Act on Your Behalf

At any time you may withdraw your consent to have a legal representative make decisions for you or act on your behalf regarding your Medical Mutual plan. To withdraw your consent, you must notify Medical Mutual of your decision by following the procedure outlined below.

Follow these steps to withdraw consent you provided to a legal representative:

1. Complete Withdrawal of Consent Given to Legal Representative Form

Complete the form on the back of this page. The form notifies Medical Mutual that you no longer wish to have your legal representative make decisions for you or act on your behalf.

2. Return the Form to Medical Mutual

Mail the completed form to:

Medical Mutual
P.O. Box 89499
Cleveland, OH 44101-6499

Or fax the completed form and documents to (800) 384-0921.

The legal documents you submitted to Medical Mutual when you first notified us of your legal representation may require other legal documents to withdraw that representation. In such case, Medical Mutual will request the required legal documents before any changes to your representation can be made. If you have questions about the Withdrawal of Consent Given to Legal Representative Form, please contact Medical Mutual Customer Care at the number listed on your ID card.

Withdrawal of Consent Given to Legal Representative



By completing this form, you withdraw the consent you have given to your legal representative. That person will no longer be able make decisions for you or act on your behalf for any issues or concerns related to Medical Mutual and any policies you have in place with us. Medical Mutual will also no longer be able to release your Protected Health Information (PHI) to this person.

Please note: Items marked with an asterisk (*) are required.

Member Information			
Last Name*	First Name*	MI	Birthdate
Group Number*		Member ID Number*	
Reason for Withdrawal of Consent			
Please explain your request and provide the full name and contact information of the authorized individual or entity whose access you are withdrawing. (Note: The withdrawal will not apply to information released prior to Medical Mutual's receipt of this form.)			
Signature*			
Member Signature		Date	
If you are an authorized representative, please sign below and enclose supporting documentation as required by state law (such as power of attorney, estate documentation or guardianship papers).			
Signature of Authorized Representative		Relationship	Date

Please complete all sections above. Send the signed and completed form to:

Medical Mutual
P.O. Box 89499
Cleveland, OH 44101-6499

Or fax completed form to (800) 384-0921

Medical Mutual will review your request and provide you with a written response.

For more information, see our Notice of Privacy Practices at MedMutual.com, or call the Customer Care number on your member identification card to request a copy. The legal documents you submitted to Medical Mutual when you first notified us of your legal representation may require other legal documents to withdraw that representation. In such case, Medical Mutual will request the required legal documents before any changes to your representation can be made.