



Consent Revocation Form: YP4H Wellness Incentive Program

Participant Information *(Please print clearly)*

Full Name (First & Last): _____

Employee ID Number: _____

Date of Birth (MM/DD/YYYY): _____

Revocation of Consent

By signing this form, I am requesting to revoke my consent and stop the automatic transfer of my health information (such as annual well visits and on-campus screening results) from the OSU Health Plan to MediKeeper. I understand that automatic data transfers will cease upon processing this form.

I understand that by revoking my consent, I will be responsible for **manually uploading documentation** to the MediKeeper portal to earn rewards. My well visits and on-campus screening results will **not** be automatically sent to MediKeeper once this request is processed.

Authorization & Signature

Signature: _____

Today's Date: _____

Submission Instructions

Please send this completed and signed form to the OSU Health Plan Privacy Office:

Email: osuhp_compliance@osumc.edu

Fax: 614-292-8366

Mail: The Ohio State University Health Plan
Attn: Privacy Officer
700 Ackerman Road, Suite 1107
Columbus, OH 43202

OSU Health Plan Use Only

Date Received: _____

Date Processed: _____

Processed By: _____