



REVOCATION OF AUTHORIZATION

How to REVOKE your authorization for Release of Medical Information:

You have the right to revoke your Authorization for Release of Medical Information. To do so, you must complete the following form and return it to the Health Information Management department. Provide address and fax #

Name: _____

Date of Birth: _____

Address: _____

I, _____, wish to revoke my Authorization for Release of Medical Information to:

Person and/or place records should not be sent. _____

Patient Portal

Health Information Exchange (HIE)

I also realize in the event that medical information has already been released by valid authorization this information cannot be retracted. Disclosures made in good faith may have already occurred based on my previously issued authorization and that this revocation cannot apply retroactively to such disclosures. I also understand that the disclosure of health information may be required by law in some instances, such as for the reporting of communicable diseases.

The facility, its employees, officers and physicians are hereby released from any legal responsibility or liability for disclosure of the information I authorized previously.

Signature of Patient/Legal Representative: _____

Patient/Legal Representative Phone Number: () _____

Relationship to Patient*: _____ Date: _____

**Legal authority must be verified when an individual is signing on behalf of the patient.*

Please Note: Any information which is released pursuant to valid authorization may no longer be protected under federal or state law and could be further released by the individual who receives the information.