



# Revocation of Authorization for Use & Disclosure of Protected Health Information (PHI)

## REVOCAION OF AUTHORIZATION TO RELEASE INFORMATION

I, \_\_\_\_\_, Date of Birth \_\_\_\_\_,  
Patient Name (please print)

hereby revoke the authorization to release information I provided to Rogers Behavioral Health that allowed Rogers Behavioral Health to use and disclose my Protected Health Information as I outlined on the release of information authorization form, which I signed on \_\_\_\_\_ for release of my Protected Health Information to \_\_\_\_\_.  
I understand that revocation of this authorization will NOT affect any action already taken by Rogers Behavioral Health in reliance to this authorization before a written notice of revocation has been received by Rogers Behavioral Health.

### SPECIAL PROVISIONS

In this section, please outline any special provisions regarding the revocation of this authorization.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Personal Representative Signature if signing on behalf of the patient

\_\_\_\_\_  
Date

Relationship of Personal Representative to the patient: \_\_\_\_\_

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Printed Name

\_\_\_\_\_  
Date

