University Health

4502 Medical Drive
Medical Records Department, MS# 26-2
San Antonio, Texas 78229-4493
Phone (210) 358-3532 Fax (210) 358-5936

Revocation of Authorization for Release of Protected Health Information

INSTRUCTIONS TO PATIENTS: By signing this form, you can revoke (end/terminate) a previously signed Authorization for Release of Protected Health Information (PHI), or other Authorization form. Submit this signed form to Medical Records, Release of Information Department at the above address. This form will be filed with your medical records.

Patient's Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Phone: (____)_____ **Date of Birth:** _____ **MRN:** _____

By signing below, I **revoke** the written Authorization form previously given to **University Health (UH)** signed by me on _____.
Month/Day/Year

I understand this revocation will not affect any of the actions taken before the receipt of the written revocation. A patient or the patient's legally authorized representative may not revoke a disclosure that is required for the purposes of making payment to the hospital for health care services provided to the patient.

_____ _____
Patient Signature Date

_____ _____ _____
Signature of Other Person Legally Authorized To Revoke Authorization on Behalf of Patient | Relationship to Patient | Date

FOR UNIVERSITY HEALTH USE ONLY **DATE RECEIVED**_____

DATE ENTERED INTO 3M CHART RELEASE: _____

DATE SCANNED IN PATIENT'S MEDICAL RECORDS:_____

_____
RELEASE OF INFORMATION MANAGER/STAFF PROCESSING REQUEST

TO BE FILED IN MEDICAL RECORD

SUMBIT