

Revocation of Authorization to Release Protected Health Information (PHI)

REVOCAION OF AUTHORIZATION

I, _____, hereby revoke the authorization to release information I provided to UTD/Callier Center that allowed UTD/Callier Center to use and disclose my PHI as I outlined on the authorization form, which I signed on (date) _____ for release of my PHI to _____ (facility/person). I understand that this revocation does not apply to any action UTD/Callier has taken in reliance on the authorization I signed earlier. This revocation does not revoke any and all previous authorization to release information that I have provided to UTD/Callier Center.

Name

Date

SPECIAL PROVISIONS

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

Name

Date

Notice:
Route this form to
UTD/Callier Center
Medical Records Department
1966 Inwood Rd.
Dallas, TX 75235