

Revocation of Authorization for use and Disclosure of Protected Information

Revocation of Authorization

This notice revokes the authorization to the use and disclosure of protected Health information for:

Patient Name (Please Print or Type)

That was signed on: _____

Date of Consent

Effect of Revocation

Protected health information collected on or after the date on which this form is received by **Nick Roselli Occupational Therapy** will not be used or disclosed by **Nick Roselli - Occupational Therapy** for the purposes specified in the revoked authorization. This revocation of authorization will not limit the ability of **Nick Roselli Occupational Therapy** to seek payment for services that it be provided under an earlier authorization, nor to meet legal obligations related to those services. The revocation also will not affect uses or disclosures that occurred prior to the effective date of this revocation.

Effective Date of Revocation

This revocation of authorization to use or disclose protected health information is effective ___/___/___

Signature

Name of Patient (Print or Type)

Signature of Patient

Date

Signature of Patient Representative

Relationship of Patient Representative to Patient