

## REVOCATION OF AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)

**INSTRUCTIONS TO PATIENTS:** By signing this form, you can revoke (end/terminate) a previously signed DOC-1163A Authorization for Use and Disclosure of Protected Health Information (PHI), or other Authorization form. When the individual/agency previously permitted to use/disclose your PHI receives this form, the prior Authorization form is longer in effect even if the expiration date has not been reached. Submit this signed form to the Health Services Unit, Psychological Services Unit, Records Office, or your agent depending on where your previously sign signed Authorization form is filed. This form will be filed with that form.

PATIENT LAST NAME (Print)	FIRST NAME (Print)	DOC NUMBER	FACILITY
ADDRESS	CITY	STATE	ZIP CODE

By signing below, I **revoke** the written Authorization form previously signed by me on \_\_\_\_\_ .  
Month/Day/Year

I understand that the revocation of my prior Authorization form becomes effective when the individual/agency authorized to use/disclose my PHI receives this form. I understand that uses and disclosures of my PHI may have been made based upon my previously signed Authorization form.

PATIENT SIGNATURE	DATE SIGNED	
SIGNATURE OF OTHER PERSON LEGALLY AUTHORIZED TO REVOKE AUTHORIZATION ON BEHALF OF PATIENT	TITLE OR RELATIONSHIP TO PATIENT	DATE SIGNED

**INSTRUCTIONS TO DOC STAFF:** Upon receipt of this signed form, the designated DOC staff person shall file this form with the Authorization form being revoked and shall no longer use/disclose PHI based upon the revoked Authorization. If the Authorization form being revoked authorizes an individual/agency other than the DOC to disclose PHI, DOC shall make a copy of this form and forward it to that individual/agency.

**DISTRIBUTION:** Original – Medical Chart; Consents/Refusals Section or PSU Record; Legal Documents/Consents/Outside Records Section or Social Services file  
Copy – Individual/Agency authorized to disclose if other than DOC Copy – Patient, if requested