

**REVOCATION OF AUTHORIZATION TO DISCLOSE
HEALTH INFORMATION**

The Health Insurance and Portability Act of 1996 (HIPAA) provides an individual the right to revoke a previous authorization to disclose information at any time. You are required to provide a request in writing to the Health Information Management Department (Medical Records Dept.) asking for revocation/cancellation of the original record release.

I understand that by signing below, this revokes the previous authorization to disclose my protected information (listed below), and that Island Hospital and its clinics will not be held responsible for any release of medical information accomplished before receipt of this written notice of revocation.

I understand that no revocation of this consent shall be effective to prevent disclosure of records and/or communications until it is received by the person/s otherwise authorized to disclose records and communications, i.e. Health Information Management Department.

I further understand that the revocation will only apply to further disclosures or actions regarding my personal health information and cannot cancel actions or disclosures made while the disclosure was previously in effect and valid.

If the release has been accomplished, you will be notified by a representative of the Health Information staff.

If you have any questions concerning the revocation process, please call the Health Information Management Department at 360-299-1326

Date of Notice: _____

Patient Name: _____ DOB: _____

Telephone Number: _____ Alternate Number: _____

Name of Person/Agency to whom disclosure was authorized:

Patient signature: _____

Date: _____

Mail/Fax this form to: Island Hospital
Health Information Management Department
1211 24TH Street
Anacortes, WA 98221
Fax: 360-299-1347

**Revocation of Authorization to Disclose Form
Island Hospital**

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