Revocation of Authorization for Release of Health Information

Your Rights

You have the right under HIPAA to cancel (revoke) permission you previously gave Atrium Health to share (disclose) your health information with certain individuals or organizations. This is known as a revocation of Authorization for Release of Health Information.

PLEASE NOTE:

- **Atrium Health cannot take back information it has already shared with others based on your previous Authorization.**
- **You cannot revoke a disclosure that is required for the purpose of payment to Atrium Health for care provided, unless you pay the bill in full out of pocket.**
- **This revocation does not stop disclosures required by law.**

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Patient Section

To revoke Authorization(s) complete the section below, and submit it to Atrium Health, Corporate HIM, P.O. Box 32861, Charlotte, NC 28231-2861

Patient Name: _____ Date of Birth:_____

Street Address: _____

City, State, Zip Code: _____

Email Address:_____ Phone Number(s): _____

Revocation Statement:

I cancel (revoke) my permission (Authorization) for Atrium Health to share the health information of the patient listed above with the following individuals, organizations, or companies:

Check one:

_____ All Active Authorizations for Release of Information on file (not already expired)

_____ Authorization(s) to share Health Information with: (list persons/organizations/companies & dates of Authorization, if known, below)

_____

_____

_____

Signature of Patient or Representative:

_____Date:_____

If signing as authorized representative, describe your authority to act for the patient, and submit documentation showing such authority, as appropriate, i.e., HCPOA, Guardianship Documents:

_____

For Atrium Health Use Only

_____ Authorization(s) included in this request for revocation have already expired. No action necessary.

_____ Authorization(s) listed above, still in effect, have been annotated as "Revoked" and entered in the medical record along with this Revocation Form.

Signature(s): _____ Date: _____

Print Name & Title:

_____

Comments: _____