

## Revocation of Authorization to Disclose Protected Health Information

I previously authorized Texas Children's to disclose information about:

Please provide your address and phone if different from the patient's above.

You have the right to revoke any authorization you have previously given to Texas Children's to disclose your (or your child's) protected health information. If you wish to revoke your authorization please submit this form in writing to Texas Children's.

I hereby revoke my authorization for Texas Children's to disclose protected health information as described above. I understand:

Address: Phone:

City:\_\_\_\_\_\_\_State:\_\_\_\_\_\_ZIP:\_\_\_\_\_\_

- This revocation will not affect any disclosures by Texas Children's allowed or required by law.
- This revocation applies only to the previously submitted authorization described above.
- This revocation will not affect any disclosures made by Texas Children's in good faith prior to the date that Texas Children's receives and executes this written form.
- I release Texas Children's and its workforce from any legal responsibility or liability for the disclosure of health information previously authorized.

Signature:	Date:
Drintad Nama:	Polotionship to Potiont:
Printed Name:	Relationship to Patient:

For revocations regarding Medical Records
Mail, deliver, or fax completed forms to:
Release of Information, MC A-1195
Texas Children's
6621 Fannin Street
Houston, TX 77030

Phone: (832)824-1600 Fax: (832)825-9056 or -0110

For all other revocations

Mail or fax completed forms to:

Compliance Services and Privacy Office

Texas Children's

2450 Holcombe Blvd, Suite 31G

Houston, TX 77021

Phone: (832)824-2085 Fax: (832)825-2167