

REVOCATION OF AUTHORIZATION TO RELEASE
PROTECTED HEALTH INFORMATION (PHI)

I, _____, hereby revoke the authorization to release information I provided to Mount Sinai that allowed Mount Sinai to use and disclose my PHI as I outlined on the authorization form, which I signed on (Date) _____ for release of my PHI to _____ (facility/person).

I understand that this revocation does not apply to any action that Mount Sinai has taken in reliance on the authorization I signed earlier. This revocation does not revoke any other previous authorizations to release information that I have provided to Mount Sinai.

Special Provisions

In this section, the individual should outline any special provisions regarding the revocation of the authorization.

Patient
Signature: _____ Date: _____

SI2re: _____