WESTERN VALLEY FAMILY PRACTICE, P.C.
REDLANDS AFTER HOURS

281 N. Plum, Fruita, Colorado 81521 Phone 858-9894 Fax 858-1331
2237 Redlands Parkway, Grand Junction, Colorado 81503 Phone 243-1707 Fax 858-1331

Revocation of the Authorization to Disclose Health Information

Patient Name: _____ Date of Birth: _____

Previous name or AKA name: _____

I. **Revocation Request:**

I hereby request that Health Partners Plans cancel or revoke the following, check all boxes below that apply:

☐ **all authorizations to release my protected health information to any third party.**

☐ specific authorization dated which authorized Western Valley Family Practice, P.C. and/or Redlands After Hours to release/disclose information to:

Name_____ Relationship _____ Phone _____

Name_____ Relationship _____ Phone _____

Name_____ Relationship _____ Phone _____

II. **My Rights:**

I understand that by signing below, I revoke previous authorizations to disclose my protected information.

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 otherwise authorized to disclose records and communications.

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 by Western Valley Family Practice, P.C. and/or Redlands After Hours while the disclosure was previously in effect and valid, before the revocation form was given.

I have read and understand the above information:

_____ _____
Patient or Legally Authorized Signature Date

_____ _____
Printed Name if signed on behalf of the patient Relationship (i.e. parent, legal guardian, personal representative, etc.)