



**Revocation—Authorization for Release
Hillsborough County**

Revocation of Authorization for Release of Super-Confidential or Protected Health Information (PHI)

Directions: This form is to be used to when an individual wishes to revoke authorization for the disclosure of his or her super-confidential or protected health information. Its contents should be entered into the HIPAA compliance system by your Privacy Liaison. The form should also be filed with the patient's records.

Patient's/Individual's Name: _____ **Birth Date:** _____

Social Security No.: _____ **Address:** _____

Telephone: _____ **City/State/ZIP:** _____

Certain records are privileged and confidential and a general medical authorization to release psychiatric and/or psychological, HIV, and drug/alcohol treatment information is invalid according to State and/or Federal laws. These records cannot be released without a specific authorization except in the event of a valid emergency, upon receipt of a court order, or under receipt of a request authorized by law.

I hereby revoke my authorization to _____ (Department) to release my medical records to _____ (Physician/Agency) as specified below:

INITIAL EACH THAT APPLIES:

_____ Initial	Psychiatric/Psychological Records (Evaluation, assessment, treatment attendance and discharge plan)	_____ Initial	Alcohol and/or Drug Abuse Treatment Records (Assessment, treatment plan, attendance plan, discharge plan)
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_____ Initial	Neurological Evaluation	_____ Initial	Hearing Evaluation	_____ Initial	Social/Developmental History
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_____ Initial	Psychotherapy Notes	_____ Initial	Individual Education Support Plan/Family	_____ Initial	HIV/AIDS Records
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_____ Initial	Medical Records	_____ Initial	Rehabilitation Plan	_____ Initial	Speech/Language Evaluation
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_____ Other (Be specific): _____

Original Signature of Client: _____ Date: _____

Original Signature of Guardian/Personal Representative (If Applicable): _____

Relationship: _____ Date: _____

Original Signature of Witness or Notary: _____ Date: _____

Proof of Identification: _____

<i>For internal use only:</i> Date Received: _____ Recipient: _____
