



**Revocation—Personal Representative  
Hillsborough County  
Individual's Revocation of Assignment  
of a Personal Representative**

**Directions:** This form is to be used when an individual wishes to revoke an existing assignment of a personal representative as a delegate for the individual's protected health information (PHI). 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.

You have the right to revoke an assignment of a personal representative who has been authorized to act as your delegate for health care information. This representative will no longer be treated just as you would, and is no longer entitled to receive, view, and use protected health information pertaining to you, nor to speak to medical professionals about you. In the case of an unemancipated minor, Hillsborough County will no longer recognize a parent, guardian, or other person acting *in loco parentis* (in place of parent) whose authority has been revoked to act on behalf of a minor as the individual's personal representative. Please complete the following information so that we may have this authorization change in our records and assist you.

Print individual's full name: \_\_\_\_\_  
First MI Last Suffix

Social Security No. or other patient identifier: \_\_\_\_\_

I wish to revoke the assignment of \_\_\_\_\_ as my Personal Representative.

Personal Representative's contact information:

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Hillsborough County will no longer allow access to PHI by the personal representative listed above.

If you have any questions, please contact Hillsborough County's Information Line at (813) 272-5900.

Original signature of client: \_\_\_\_\_ Date: \_\_\_\_\_

Proof of Identification: \_\_\_\_\_

Relationship: \_\_\_\_\_

For internal use only:  
**Date received:** \_\_\_\_\_  
**Recipient:** \_\_\_\_\_