



REVOCATION OF AUTHORIZATION

How to REVOKE your Authorization for Release of Medical Information:

You have the right to revoke your Authorization for Release of Medical Information. To do so, you must fill out the following form and return it to the Student Health Center at the following address:

Vanderbilt Student Health Center
Zerfoss Building/MCN
Station 17
Nashville, TN 37232-8710
Phone: (615) 322-2427
Fax: (615) 322-4983

Attention: _____

Name: _____
Date of Birth: _____
Address: _____
I, _____, wish to revoke my Authorization for Release of Medical Information to: _____ (person or place records should not be sent)
I also realize in the event that these records have <i>already</i> been released by valid authorization that these records cannot be retracted.
Signature of Patient/Legal Representative: _____
Patient/Legal Representative Current Phone Number: (_____) _____
Relationship to Patient: _____ Date: _____

PLEASE NOTE:

When your Medical Information is released pursuant to a valid authorization you should be aware of the following:

That the information released may be subject to re-disclosure by the recipient and may no longer be protected by the Privacy Rule.

TREATMENT MAY NOT be withheld or conditioned on obtaining this authorization.