



Patient Label or Patient Identifiers

**Student Health Center  
Vanderbilt University Medical Center  
Revocation of Authorization**

*Authorization (E) Restrict Use or Disclosure of Patient Information*

**How to REVOKE your Authorization of 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 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

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

I, \_\_\_\_\_, wish to revoke my Authorization for Release of

Medical Information to: \_\_\_\_\_  
(person of place records should **not** be sent)

I understand that in the event that these records have already be released by a valid authorization that these records cannot be retracted

Patient/Legal Representative Print Name: \_\_\_\_\_

Patient/Legal Representative Signature: \_\_\_\_\_

Relation: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_