

## **SPELMAN COLLEGE PRIVACY RULE: REVOCATION OF AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION (PHI)**

**Revocation:** An individual's right to void prior authorization to use and disclose protected health information (PHI)

### **Policy**

An individual may revoke an authorization at any time, provided that the revocation is in writing. However, Spelman College will not be able to get the PHI back if it has already been disclosed.

### **Guidelines**

When a patient requests a revocation of a prior authorization, the revocation form will be forwarded to the healthcare provider. It is the responsibility of the Privacy Officer to forward all original forms to the healthcare provider.

### **Enforcement**

Individuals who violate this policy will be subject to the appropriate and applicable disciplinary process, up to and including termination of employment.

## REVOCATION OF AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION (PHI)

I \_\_\_\_\_, hereby revoke the authorization to release information I provided Spelman College that allowed Spelman College to use and disclose my protected health information (PHI) as I outlined on the authorization form, which I signed on (date) \_\_\_\_\_ for release of my PHI to \_\_\_\_\_ (facility/person). I understand that this revocation does not apply to any action Spelman College has taken in reliance on the authorization I signed earlier. This revocation does not revoke any and all previous authorization to release information that I have provided to Spelman College.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

### **Special Provisions**

In this section, the individual should outline any special provisions regarding the revocation of the authorization.

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NAME

\_\_\_\_\_  
DATE