KAISER PERMANENTE®

Kaiser Foundation Health Plan of the Northwest • Kaiser Foundation Hospitals

Revocation of Authorization or Consent for Use or Disclosure of Protected Health Information

Release of Information Department

PATIENT:		
NICKNAME / MAIDEN NAME / OTHER:		
MEDICAL RECORD NUMBER:		
DATE OF BIRTH (MM/DD/YYYY):	TELEPHONE NUMBER:	
ADDRESS:		APT NUMBER:
CITY:	STATE:	ZIP + 4:

I revoke my previous authorization or consent for use or disclosure of my protected health information (PHI) as described below.

Check 1 box and fill in blank fields that apply.

☐ I revoke **ALL** previous authorizations or consents that I have signed.

☐ I revoke the authorization or consent I signed on the following date: _____

releasing information to: _____

I understand that my written revocation will be effective upon receipt but will not be effective to the extent that the requester or others have acted in reliance upon the authorization or consent that I provided prior to this revocation.

I understand that revocation will not apply to information that has already been released nor will it apply to my insurance company when the law provides the insurer with the right to contest a claim under my policy or the policy itself.

Not withstanding this revocation, Kaiser Permanente shall continue to disclose PHI to third parties as required by law, which may include a disclosure(s) to the individual(s) or entity named in this revocation.

✗ _____ _____

SIGNATURE OF PATIENT OR LEGAL PERSONAL REPRESENTATIVE — DATE

_____

PATIENT/AUTHORIZED INDIVIDUAL'S TELEPHONE NUMBERS

If signed by a legal personal representative on behalf of the patient, complete the following:

Full name of legal personal representative (please print): _____

Relationship to patient: _____ Phone number: _____

Please attach documents verifying authority to act on behalf of the patient.

Submit this form via one of the following methods. Keep a copy for your records.

- **Email:** nw.roi.revocations@kp.org
- **Postal mail:** Kaiser Permanente Northwest
  Attn.: Release of Information Department
  500 NE Multnomah St., Suite 100
  Portland, OR 97232-2099

For questions, call the Release of Information department at 503-571-5051.

Distribution: email to nw.roi.revocations@kp.org

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