

Revocation of Authorization

www.corvallisclinic.com

In order for us to comply with your revocation request, please fill out this form carefully and completely.

Patient Name _____

Other Names Used _____
First
MI
Last

Current Address _____ Date of Birth _____

Day Phone _____ Home Phone _____ Last Four Digits of SSN XXX-XX- _____

Revocation:

I request that The Corvallis Clinic revoke (cancel) the authorization I previously provided which permitted The Corvallis Clinic to release medical records/medical information and/or the authorization I previously provided to the following individual for the consent for any medical or surgical treatment of a minor.

Name: _____ Date of Birth: _____

Date of authorization (if known): _____ Copy of authorization attached? Yes No

Name: _____ Date of Birth: _____

Date of authorization (if known): _____ Copy of authorization attached? Yes No

Name: _____ Date of Birth: _____

Date of authorization (if known): _____ Copy of authorization attached? Yes No

I understand this revocation does not apply retroactively and that The Corvallis Clinic may have disclosed information in accord with my original request while the authorization was valid and in effect. I understand that by signing this form, I am confirming my revocation that the person(s) or entity listed above will no longer be permitted to receive the patient's medical records and medical information from The Corvallis Clinic, P.C and/or will no longer be able to consent for any medical or surgical treatment of the minor patient. I also understand that this revocation will take effect three business days from the date The Corvallis Clinic receives this completed form.

Signature of patient/parent of minor/legal guardian (state relationship to patient)

Date

If you need help completing this form, please call (541) 758-2730.

Please mail or fax this revocation form to:

The Corvallis Clinic, P.C.

Attention: Compliance/Risk Management Dept.

444 NW Elks Dr. Corvallis, OR 97330

Fax: 541-758-2677

**Please keep a copy for your records.
 Contact the Compliance & Risk Management Department
 at 541-758-2730 to confirm receipt of this form.**