

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 541-768-2368.

Please mail or fax this revocation form to:

The Corvallis Clinic, P.C.

Attn: Medical Records/Health Information Services (HIS)

3680 NW Samaritan Dr.

Corvallis, OR 97330

Fax: 541-753-1966

**Please keep a copy for your records. Contact the Medical Records/HIS Department
at 541-768-2368 to confirm receipt of this form.**

More than 100 providers in 27 specialties serving the mid-Willamette Valley at these locations:

Asbury Building | Aumann Building | Immediate Care | North Albany | Philomath Family Medicine | QuickCare | Surgery Center | Walnut Boulevard | Waverly Drive Albany